

Name in Full *Hannah Alhey*

Died at *Cumberland* Town *Allegheny* County *MARYLAND*

Date *703* Month *Feb* Day *14* Y. *97* M. D. Native of *Maryland* Occupation *Housewife*

Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widow ☒ Widower ☐ Number of children living *3*

Husband of _____

Wife _____

Father's Name _____ Mother's Name *AS*

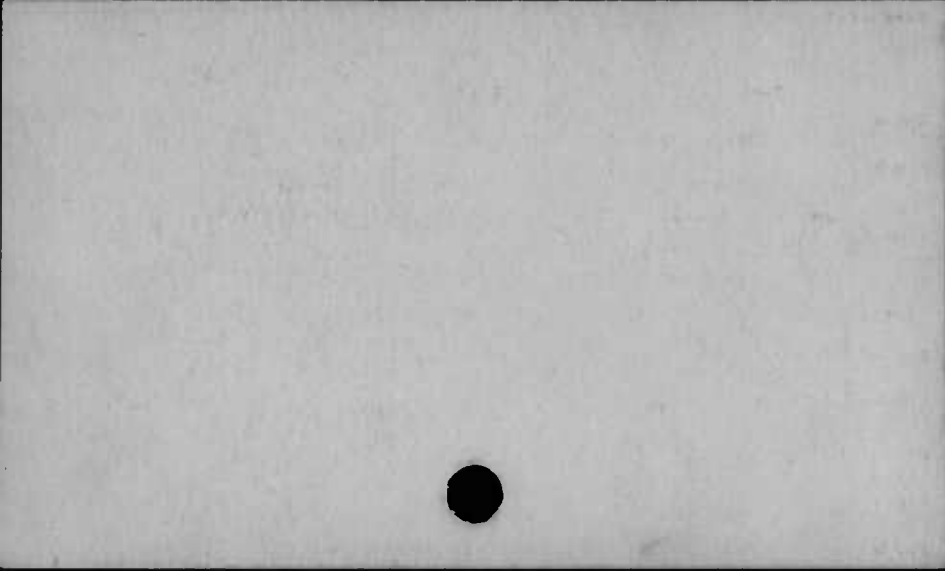
Cause of Death { Primary *Pulmonary Disease*
Immediate *Exhaustion*

How long sick *No week*

Accident, Suicide, Homicide ☐

Reported by *F. B. W. & Sons*

Address *Cumberland Maryland*



Full

Anthony Luke Barnett

CERTIFICATE OF DEATH

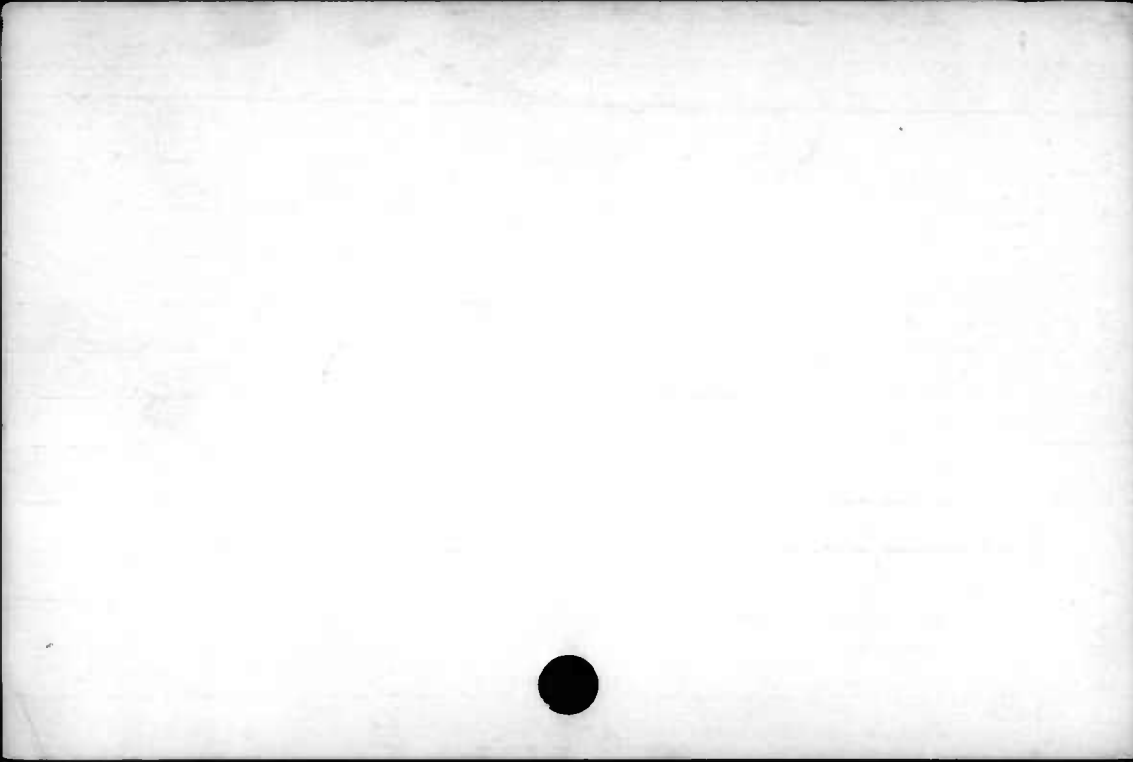
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wt. Savage</i>		Town <i>Wt. Savage</i>		County <i>Alleghany</i>		MARYLAND	
Date of death 1903		Month <i>Feb</i>		Day <i>4</i>		Age <i>46</i>	
Sex <i>Male</i>		Color or Race <i>W</i>		Birth-place <i>Wt. Savage Md</i>			
Married, Single or Widowed				Occupation <i>Mechanic</i>			
Name of Wife or Husband							
Father's Name <i>Edward Barnett</i>				Father's Birthplace <i>C. Mayo, Ireland</i>			
Mother's Maiden Name <i>Ellen Lavelle</i>				Mother's Birthplace <i>C. Mayo Ireland</i>			
Name of person giving information <i>Patrick Barnett</i>				How related to deceased <i>Brother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tubercular phthisis</i>	How long	<i>5 years</i>
Immediate	<i>Cardiac Syncope</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Edward Quirkles</i>	
<i>Yes</i>		Address <i>Wt. Savage Md</i>	
Accident or Suicide?			



Name
in
Full

Patrick Barrett

CERTIFICATE OF DEATH

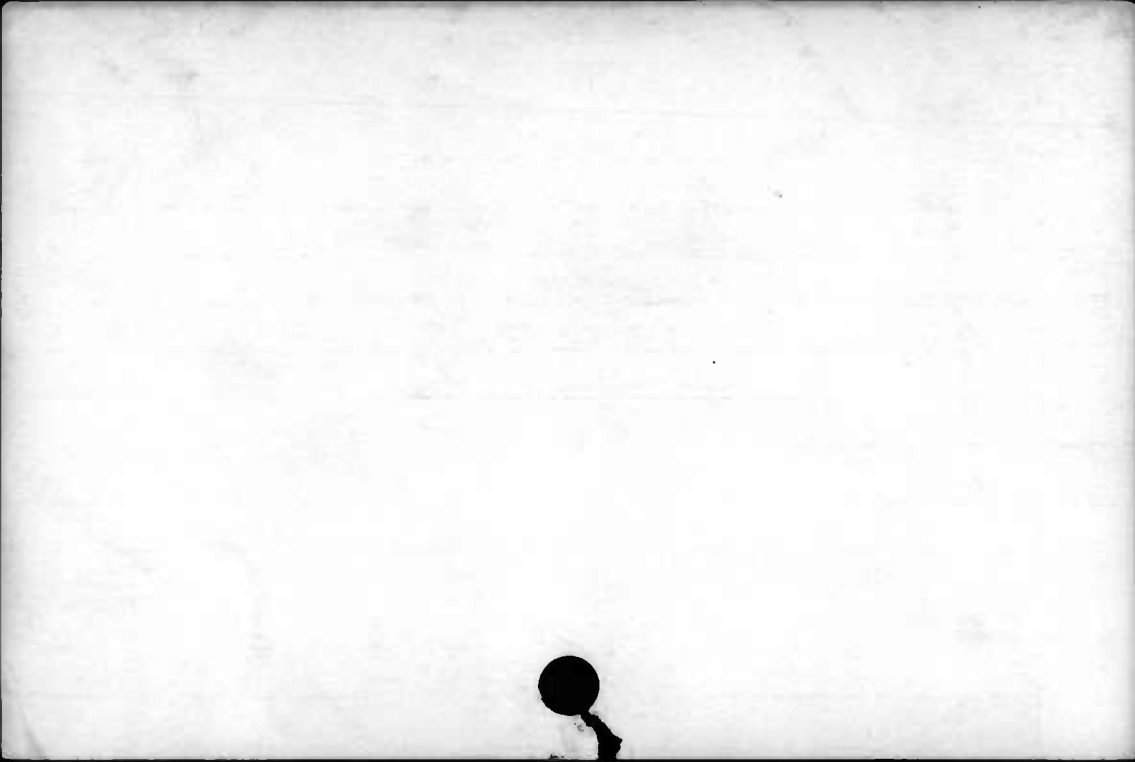
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Wt. Savage</u> Town		<u>Allegheny</u> County		MARYLAND	
Date of death 190 <u>3</u>	Month <u>Feb</u>	Day <u>7</u>	Age <u>61</u> Years	Months <u>-</u>	Days <u>-</u>
Sex <u>Male</u>	Color of Race <u>N -</u>		Birth-place <u>Wt. Savage Md.</u>		
Married, <u>Single</u> or <u>Widowed</u>			Occupation <u>Laborer</u>		
Name of Wife or <u>Catherine Reynolds</u> Husband					
Father's Name <u>Anthony Barrett</u>			Father's Birthplace <u>Ireland</u>		
Mother's Maiden Name <u>Frelia Lovell</u>			Mother's Birthplace <u>Ireland</u>		
Name of person giving information <u>Julia Francis Barrett</u>			How related to deceased <u>Daughter</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Nutrine stenosis</u>	How long	<u>6 mos</u>
Immediate	<u>Acute Nephritis</u>	How long	<u>3 weeks</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Edward L. Langer</u>	
<u>Yes</u>		Address <u>Wt. Savage Md.</u>	
Accident or Suicide?			



Name in Full Vida Bender		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Eckhart Town		Alleghany County
	Date of death 190 3 Feb. 9 th		Age 10 Years 1 Months 6 Days
	Sex Female	Color or Race white	Birth-place Eckhart.
	Married, Single or Widowed		Occupation
	Name of Wife or Husband		
	Father's Name Albert Bender		Father's Birthplace 72
	Mother's Maiden Name Catherine Bender		Mother's Birthplace
	Name of person giving information Albert Bender		How related to deceased
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Running nail in foot		How long 7 days
	Immediate 2 times		How long 30 hours
	Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician M. J. ...
			Address Eckhart,
	Accident or Suicide? Accident		700

Edm

Edk hart. Cemetery —

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death 1903

Town

Month

Day

Age

Years

Months

Days

County

MARYLAND

Sex

Color or
RaceBirth-
placeMarried, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

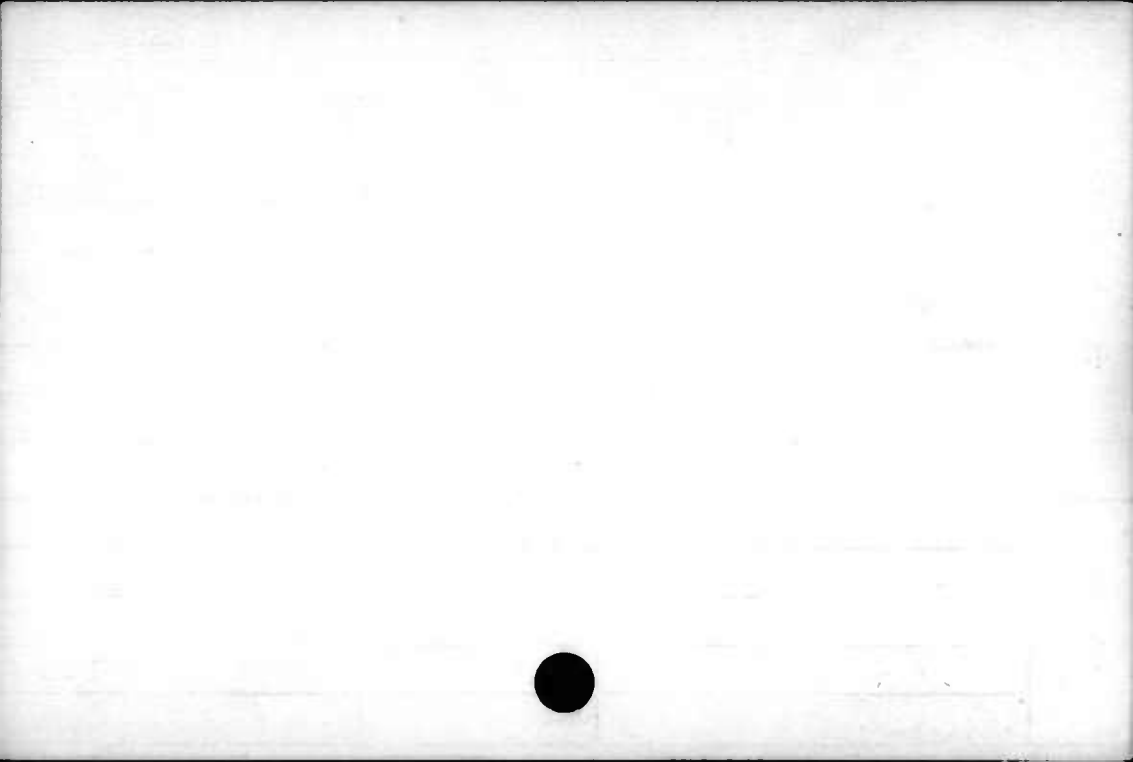
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Bridget Blake

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Eckhart mines</i> ^{Town}		<i>Alleghany</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	<i>Nov.</i> ^{Month}	<i>21</i> ^{Day}	Age <i>75</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Jordan.</i>		
Married, Single or Widowed <i>Widow</i>			Occupation <i>House wife</i>		
Name of Wife or Husband <i>Wm Blake</i>					
Father's Name <i>—</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>John McGuire</i>			How related to deceased <i>Son in law</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>old age & debility</i>	How long	<i>154</i>
Immediate	<i>Apoplexy</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Richard W. H. J.</i>
		Address	<i>Eckhart mines</i>
			<i>W. Va.</i>
Accident or Suicide?			

SSM

Catholicism

Annals

1881

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Bridget Blake
Eckhart Mines ^{Town} ^{County} Allegany

MARYLAND

Date

of death 1903

Month

Feb

Day

21st

Age

Years

75

Months

Days

Sex

Female

Color or
Race

White

Birth-
placeMarried, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
Information

154

How related
to deceased

CAUSES OF DEATH

Primary

Debility

How long

2 months

Immediate

Bronchitis

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

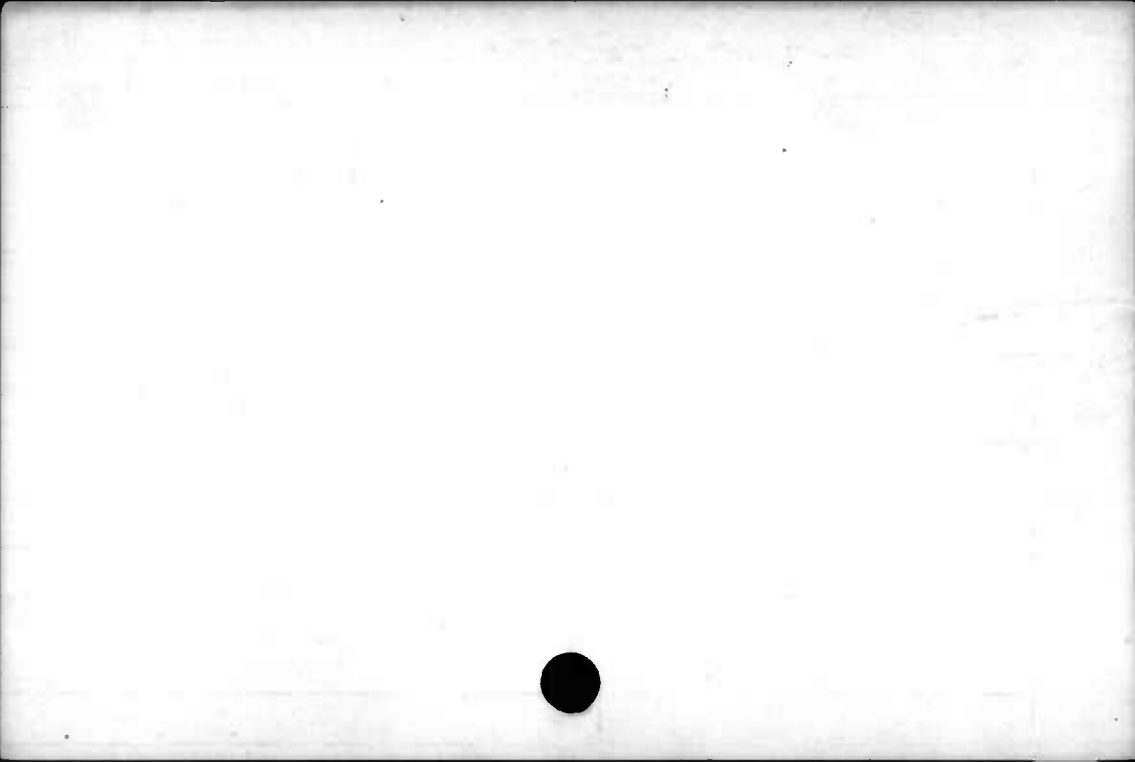
B. H. Crowell

Address

Eckhart Mines. Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Budget Blake

CERTIFICATE OF DEATH

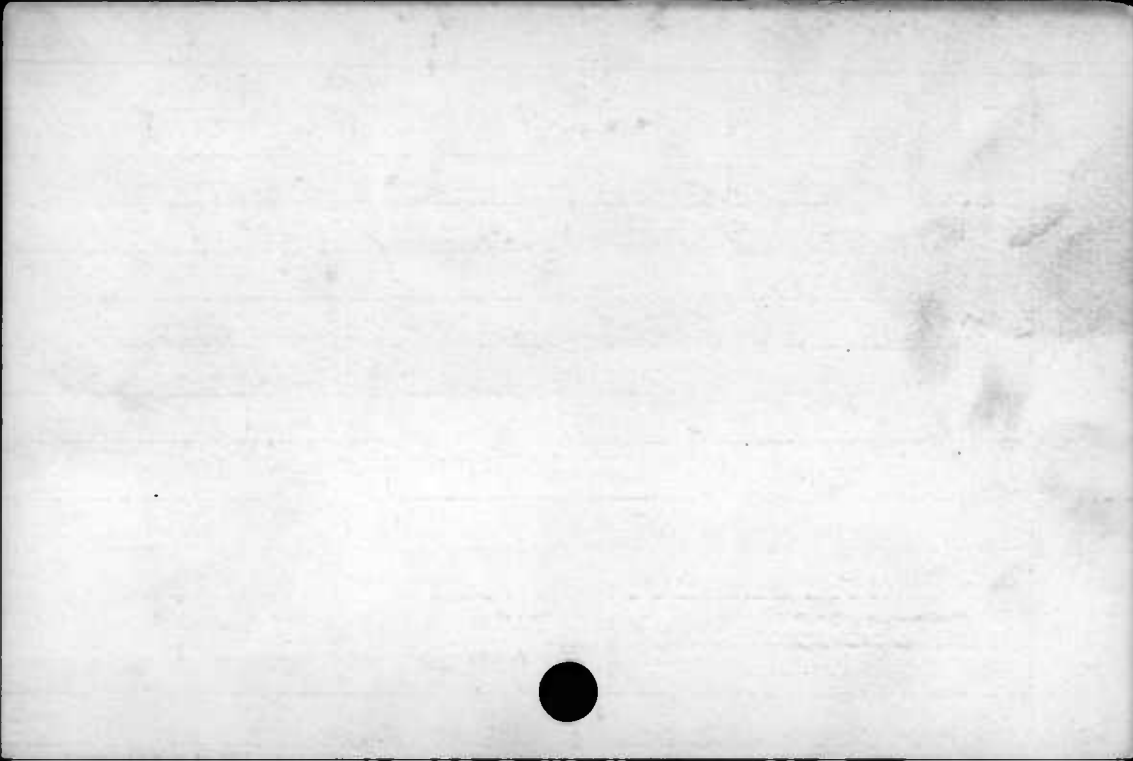
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Eckhart mining		County		allgany		MARYLAND	
Date	Month	Day	Age	Years	Months	Days			
of death 190	3	Feb.	21	75					
Sex	Female		Color or Race	white		Birth-place	Ireland.		
Married, Single or Widowed	widow			Occupation housewife -					
Name of Wife or Husband		Wm Blake							
Father's Name							Father's Birthplace		
Mother's Maiden Name							Mother's Birthplace		
Name of person giving information		John McGuire					How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	old age & debility		How long	154
Immediate	Pneumonia		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			Address	
			Eckhart mining	
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Loar town</i> ^{Town}		<i>Allegheny</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	<i>Feb</i> ^{Month}	<i>22</i> ^{Day}	<i>42</i> ^{Years}	<i>8</i> ^{Months}	<i>22</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>			
Married, Single or Widowed <i>Married</i>	Occupation <i>Housewife</i>				
Name of Wife or Husband <i>Mr John Bluebaugh</i>					
Fether's Name <i>Mr John Bluebaugh</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Emily Morgan</i>		Mother's Birthplace <i>Maryland</i>			
Name of person giving In formation <i>John Bluebaugh</i>		How related to deceased <i>Husband</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic pericarditis with Dropsy.</i>	How long <i>Half hour.</i>
Immediate <i>Paralysis of The Heart.</i>	How long <i>- - -</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. S. Howard M.D.</i>
	Address <i>Vale Summit</i>
	<i>Maryland</i>
Accident or Suicide?	

Gom

Kale Linnunniit

Graa Jera

Name In Full

Certificate of Death

Silva Boston

Town

County

MARYLAND

Died at *Cum gratia*

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

2 14

Age

6

Mich

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Pneumonia

How long sick

2 week

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

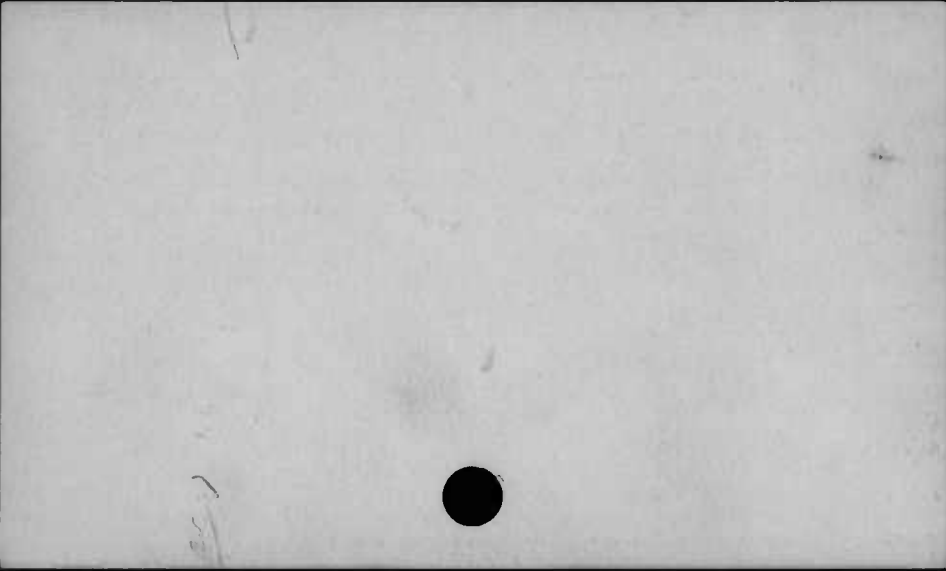
N. F. Hoiga

Address

Cumberland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Name
in
Full

Francis E. Carter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hoffman</i> Town			County <i>Allegheny</i>			MARYLAND		
Date of death 190	<i>3</i>	Month <i>2</i>	Day <i>10</i>	Age <i>1</i>	Years <i>—</i>	Months <i>2</i>	Days	
Sex <i>m</i>		Color or Race <i>w</i>		Birth-place <i>Hoffman Wd.</i>				
Married, Single or Widowed <i>—</i>				Occupation <i>—</i>				
Name of Wife or Husband <i>—</i>								
Father's Name <i>John Carter</i>				Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Elizabeth Delaney</i>				Mother's Birthplace <i>Allegheny Co</i>				
Name of person giving information <i>Father</i>				How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>1 wk.</i>
Immediate	<i>"</i>	How long	<i>1 wk.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. J. Bricker</i>	
		Address <i>Frostburg Ind.</i>	
Accident or Suicide? <i>—</i>			

Catharine Kennedy -

Forrestburg -

5 Dec

Name
in
Full

Adrian Chilian

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Baltimore</i>		County <i>Alle</i>		MARYLAND	
Date of death 1903	Month <i>2</i>	Day <i>27</i>	Age	Years <i>78</i>	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Bavaria Germany</i>				
Married, Single or Widowed <i>Single</i>		Occupation <i>Monk</i>					
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving In formation <i>Geo. C. Frey</i>				How related to deceased <i>1st</i> <i>Uncle</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senility</i>	How long <i>3 years</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. N. Jochman</i>
	Address
Accident or Suicide?	



Name
in
Full

Lewis Christman

CERTIFICATE OF DEATH

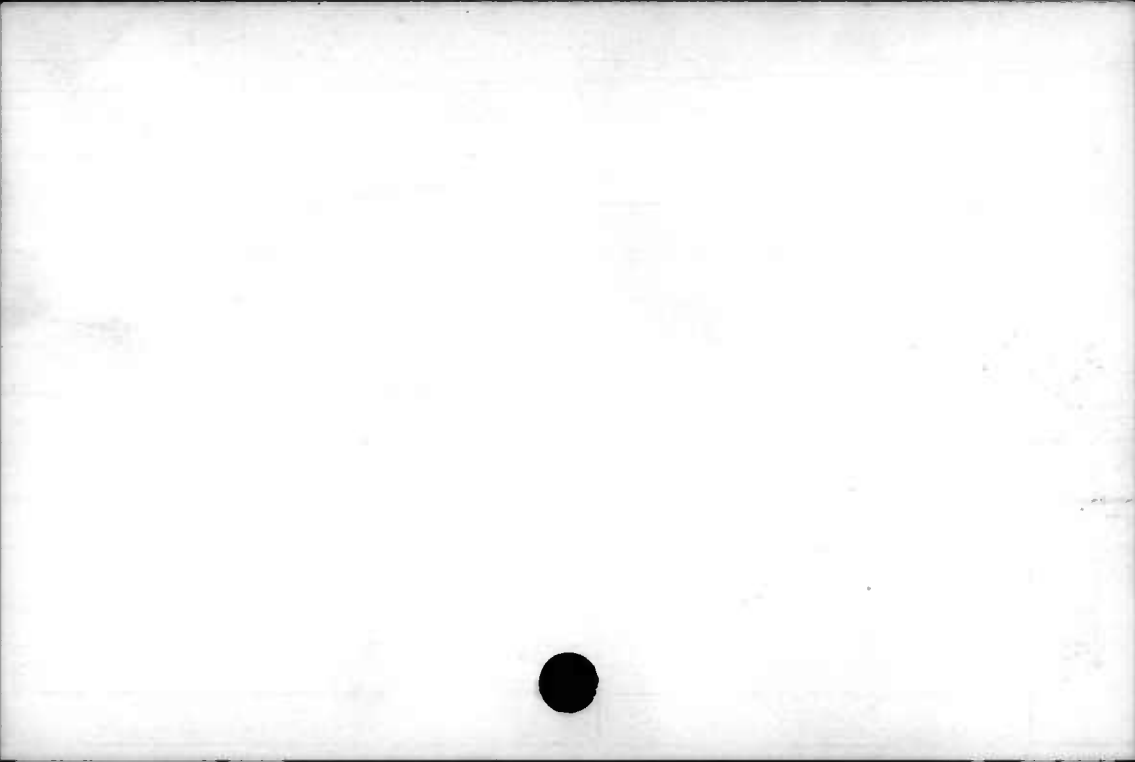
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Amber Road</i> ^{Town}		<i>Allegheny</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>Feb</i>	Day <i>5</i>	Age <i>22</i> ^{Years}	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>MD</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>Laborer</i>		
Name of Wife or Husband					
Father's Name <i>L. Christman</i>			Father's Birthplace		
Mother's Maiden Name <i>Miss Buff</i>			Mother's Birthplace <i>MD</i>		
Name of person giving Information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>4 Weeks</i>
Immediate <i>Dysentery</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thos. W. Road MD</i>
	Address <i>Amber Road</i> <i>MD</i>
Accident or Suicide?	



Name
in
Full

Thomas C. S. Clarkson

CERTIFICATE OF DEATH

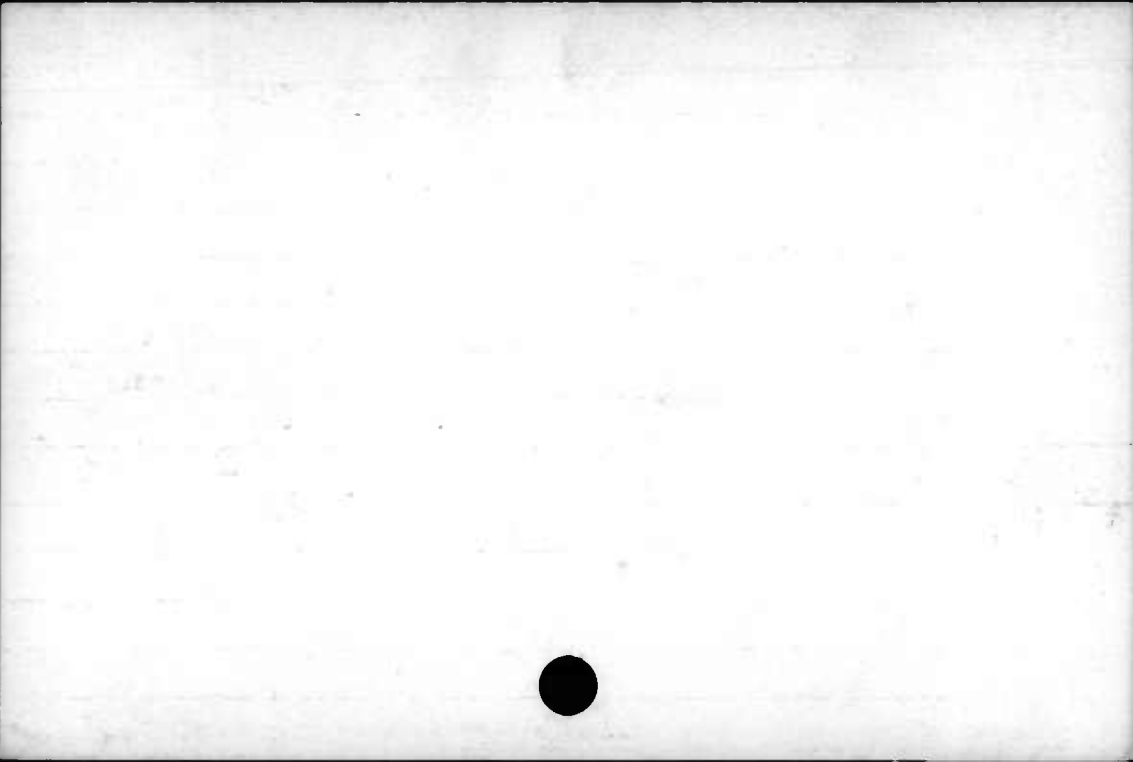
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Donacoming</i> <small>Town</small>		<i>Allegheny</i> <small>County</small>		MARYLAND	
Date of death 190 <i>3</i>	<i>Feb</i> <small>Month</small>	<i>27</i> <small>Day</small>	Age <i>60</i> <small>Years</small>	<i>5</i> <small>Months</small>	<i>9</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Scotland</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>Miner</i>			
Name of Wife or Husband <i>Annie Dove</i>					
Father's Name <i>Gavin Clarkson</i>			Father's Birthplace <i>Scotland</i>		
Mother's Maiden Name <i>Isabella Stevenson</i>			Mother's Birthplace <i>Scotland</i>		
Name of person giving Information <i>Annie Clarkson</i>			How related to deceased <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Nephritis</i>	<i>120</i>	How long <i>8 months</i>
Immediate <i>Uraemia</i>		How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>M. G. Porter</i>
		Address <i>Donacoming Md.</i>
Accident or Suicide? <i>No</i>		



Name
in
Full

Let of Geo. L. Coulter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

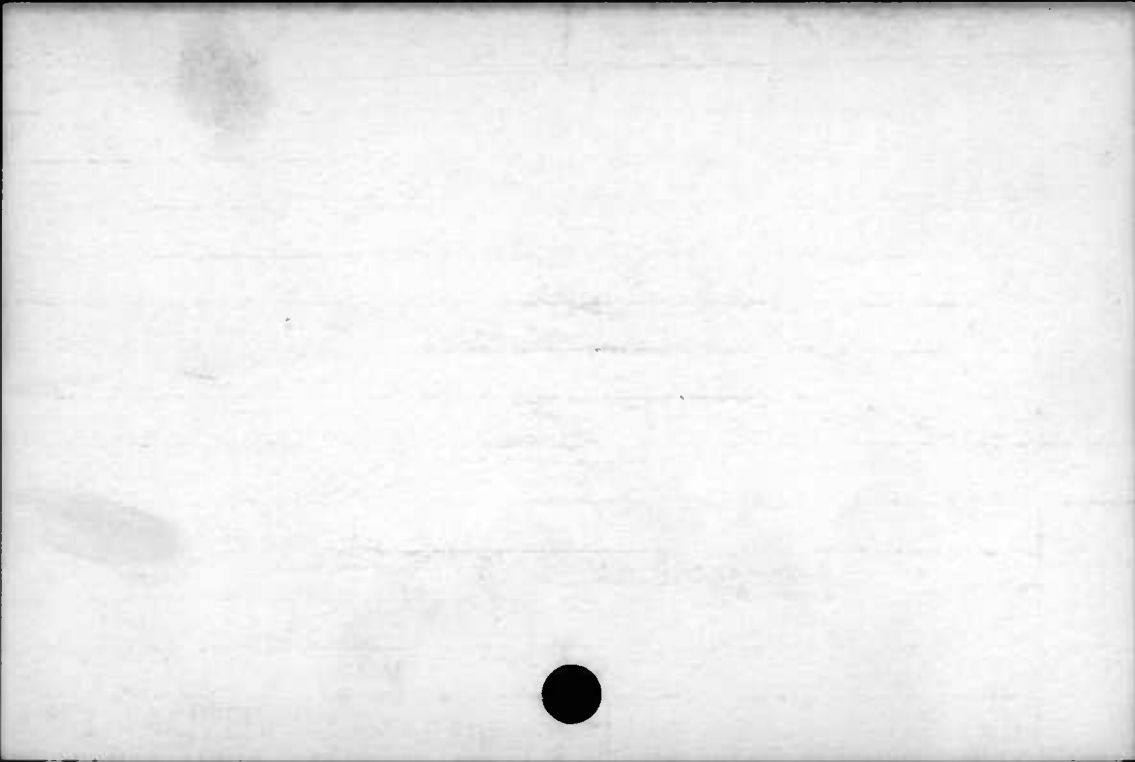
Died at <i>Cummins</i> Town		County <i>Oceguera</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Feb</i>	Day <i>8</i>	Age	Years	Months Days
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Cummins</i>	
Married, Single or Widowed <i>Single</i>		Occupation <i>child</i>			
Name of Wife or Husband					
Father's Name <i>George L Coulter</i>			Father's Birthplace <i>mo</i>		
Mother's Maiden Name <i>Lucy Martin</i>			Mother's Birthplace <i>mo</i>		
Name of person giving information <i>George L Coulter</i>			How related to deceased <i>Father</i>		

(Still Born)

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Don't Know</i>	How long	<i>0</i>
Immediate	<i>Don't Know</i>	How long	<i>0</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. J. [unclear]</i>	
		Address <i>Cummins</i>	
Accident or Suicide? <i>No</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

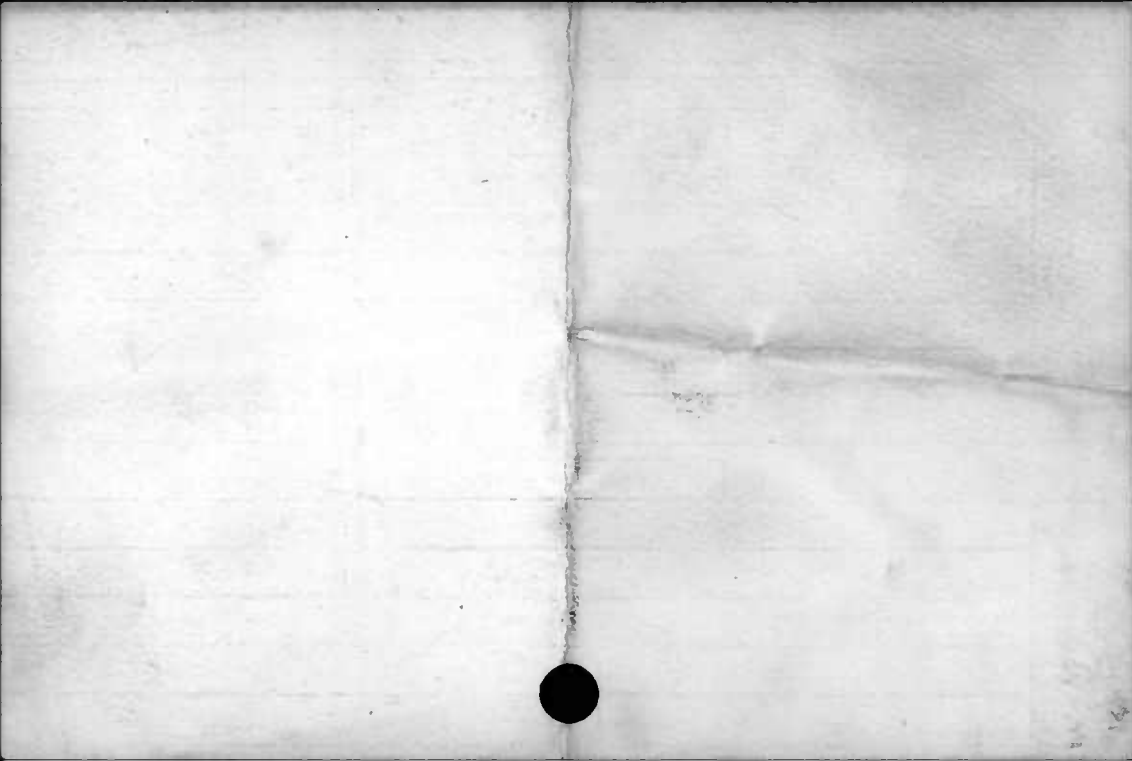
Joseph J Carrigan

Died at <u>Road</u> Town		<u>Allanhamie</u> County		MARYLAND	
Date of death 190 <u>3</u>	Month <u>2</u>	Day <u>9</u>	Age <u> </u> Years	Months <u>3</u>	Days <u>29</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Lord</u>		
Married, Single or Widowed <u> </u>			Occupation <u> </u>		
Name of Wife or Husband <u> </u>					
Father's Name <u>Joseph Carrigan</u>			Father's Birthplace <u>Chicago</u>		
Mother's Maiden Name <u>Bettie Carrigan</u>			Mother's Birthplace <u>W. Va.</u>		
Name of person giving Information <u> </u>			How related to deceased <u> </u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Croup</u>	How long <u>5 days</u>
Immediate <u> </u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>D. F. Kelly</u>
	Address <u>Midlothian</u>
Accident or Suicide? <u> </u>	



Pearl Crow

Died at ^{Town} *Middleton* ^{County} *Allegheny* MARYLAND

Date 19 *03* ^{Month} *Feb.* ^{Day} *28* ^{Y.} *1* ^{M.} *10* ^{D.} *11* ^{Native of} *U. S.* ^{Occupation} *_____*

^{Female} *Female* ^{White} *White* ^{Married} *Married* ^{Widow} *Widow* ^{Divorced} *Divorced*
^{Single} *Single* ^{Widower} *Widower* ^{Number of children living} *Number of children living*

Husband of *X*
 Wife *X*

Father's Name *Cephus Crow* Mother's Maiden Name *Eveline Stennis*

Cause of Death { Primary *Croup* ^{How long sick} *36 hours*
 Immediate *asphyxia* ^{Accident, Suicide, Homicide} *Accident, Suicide, Homicide*

Reported by *Thomas F. Maouly*
 Address *Frothing* *Ind.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

© T. Michael

Carlos

Leave-Yard

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Robt. Cunningham Jr.</i>		Town <i>Cumberland</i>		County <i>Allegheny</i>		MARYLAND	
Died at <i>Cumberland</i>		Date of death 190 <i>3</i>		Month <i>Feb.</i>		Day <i>1</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Age <i>9</i>		Years <i>9</i>	
Married, Single or Widowed <i>single</i>		Occupation <i>child</i>		Birth-place <i>Cumberland, Md.</i>		Months <i>9</i>	
Name of Wife or Husband		Father's Name <i>Robt Cunningham</i>		Father's Birthplace		Mother's Birthplace	
Mother's Maiden Name		Name of person giving information <i>93</i>		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia following Diphtheria</i>	How long <i>2 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Wm. H. Toomay, M.D.</i>
	Address <i>Cumberland, Md.</i>
Accident or Suicide?	



Name
in
Full

Chester Linn Cupps

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <u>Cumberland</u>		^{County} <u>Alleghany</u>		MARYLAND	
Date of death 190	^{Month} <u>3</u>	^{Day} <u>7</u>	^{Year} <u>Feb.</u>	Age <u>9</u>	Months <u>5</u>
Sex <u>male</u>	Color or Race <u>White</u>		Birth-place <u>Cumberland</u>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <u>Sereno Cupps</u>			Father's Birthplace <u>Rutton W. Va</u>		
Mother's Maiden Name <u>Bessie L. Linn</u>			Mother's Birthplace <u>Pittsburg Pa</u>		
Name of person giving information <u>Sereno Cupps</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Capillary Bronchitis</u>	How long <u>3 days</u>
Immediate <u>Asphyxia</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>F. L. Burkdoll M.D.</u>
	Address <u>Cumberland Md.</u>
Accident or Sulcide?	



Name
in
Full

CERTIFICATE OF DEATH

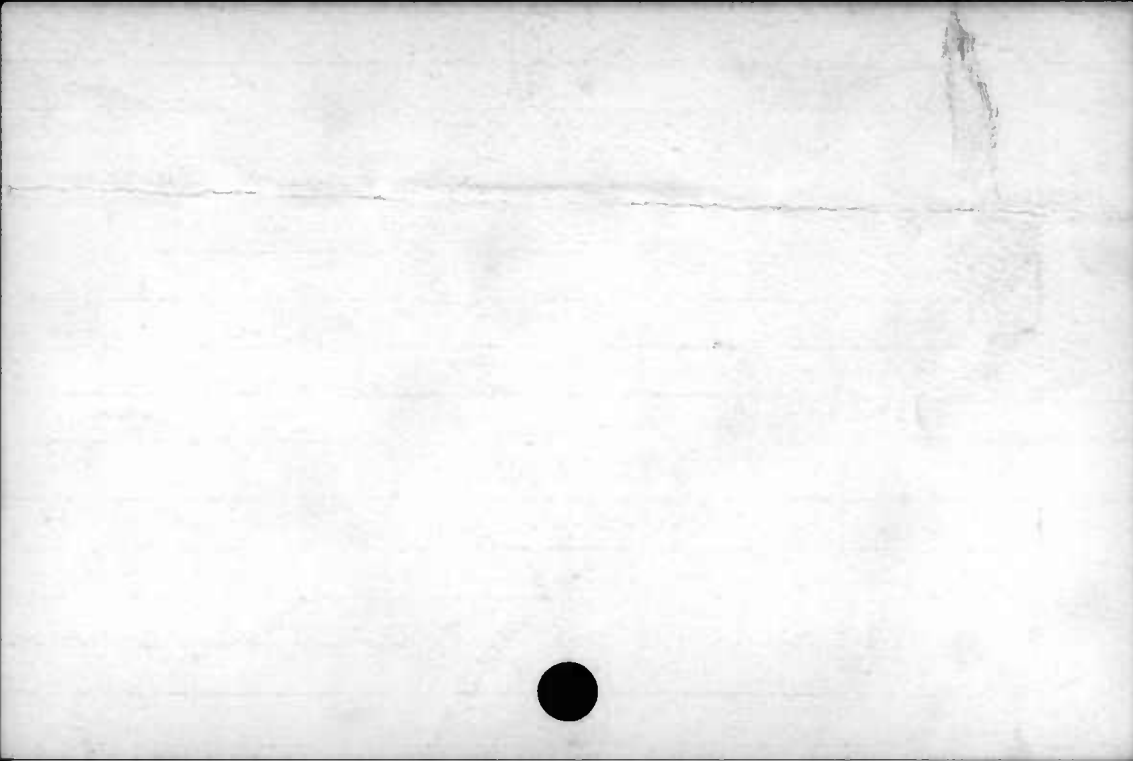
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i> <small>Town</small>		<i>Eddins</i> <small>County</small>		MARYLAND		
Date of death 190 <i>3</i>	Month <i>Feb</i>	Day <i>10</i>	Age <i>15</i>	Years <i>—</i>	Months <i>—</i>	Days <i>1</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Cumberland Md</i>			
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>						
Father's Name <i>Jas. J Eddins</i>			Father's Birthplace <i>Va</i>			
Mother's Maiden Name <i>Betty Florence</i>			Mother's Birthplace <i>Va</i>			
Name of person giving information <i>Father Jas J Eddins</i>			How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Apoplexy of Car 1</i>	How long <i>1 da</i>
Immediate <i>Exhaustion</i>	How long <i>1 da</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo. L. Broadhurst M.D.</i>
	Address <i>100 Va ave</i>
Accident or Suicide? <i>No</i>	<i>Cumberland Md</i>



Name
in
Full(Stillborn) ~~Inf. J. W. Edwards~~ Edwards

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumberland</u> ^{Town}		<u>Allegany</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	Month <u>Feb</u>	Day <u>7</u>	Age <u>1 da</u> ^{Years}	Months <u>—</u>	Days <u>1</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Cumberland Md</u>		
Married, Single or Widowed <u>—</u>			Occupation <u>—</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>Wm H Edwards</u>			Father's Birthplace <u>Va</u>		
Mother's Maiden Name <u>Bettie C Neff</u>			Mother's Birthplace <u>W. Va.</u>		
Name of person giving information <u>Mother</u>			How related to deceased <u>Mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>(Stillborn)</u>	How long <u>—</u>
Immediate <u>—</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Geo. L. Braden, M.D.</u>
	Address <u>100 Va ave</u>
Accident or Suicide? <u>—</u>	<u>Cumberland Md</u>



Name
in
Full

Frederick Maciel Gomez Flora

CERTIFICATE OF DEATH

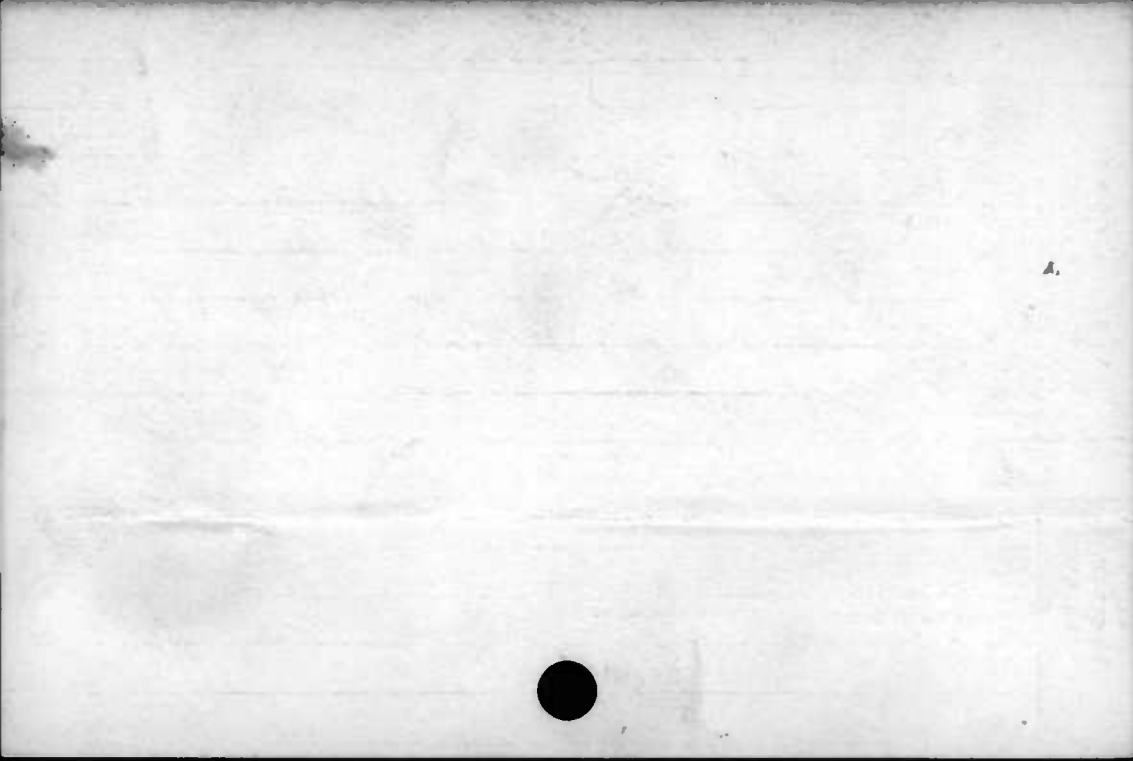
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>So Cumberland</i> ^{Town}		<i>Allegheny</i> ^{County}		MARYLAND	
Date of death 190	<i>3</i> ^{Month}	<i>Feb</i>	Day	<i>22</i>	Age
				<i>5</i> ^{Years}	Months
					<i>11</i>
					Days
					<i>27</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>	
				Birth-place	<i>Brunswick Md</i>
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name			<i>Frederick E. Flora</i>		
			Father's Birthplace <i>Martinsburg W Va</i>		
Mother's Maiden Name			<i>Ida C. Hine</i>		
			Mother's Birthplace <i>" "</i>		
Name of person giving information			<i>Ida C. Seaton</i>		
			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid Fever</i>	How long	<i>9 days</i>
Immediate	<i>Eruption</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Geo. L. Broadrup M.D.</i>
<i>yes</i>		Address	<i>100 Va Ave</i>
			<i>Cumberland Md</i>
*Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

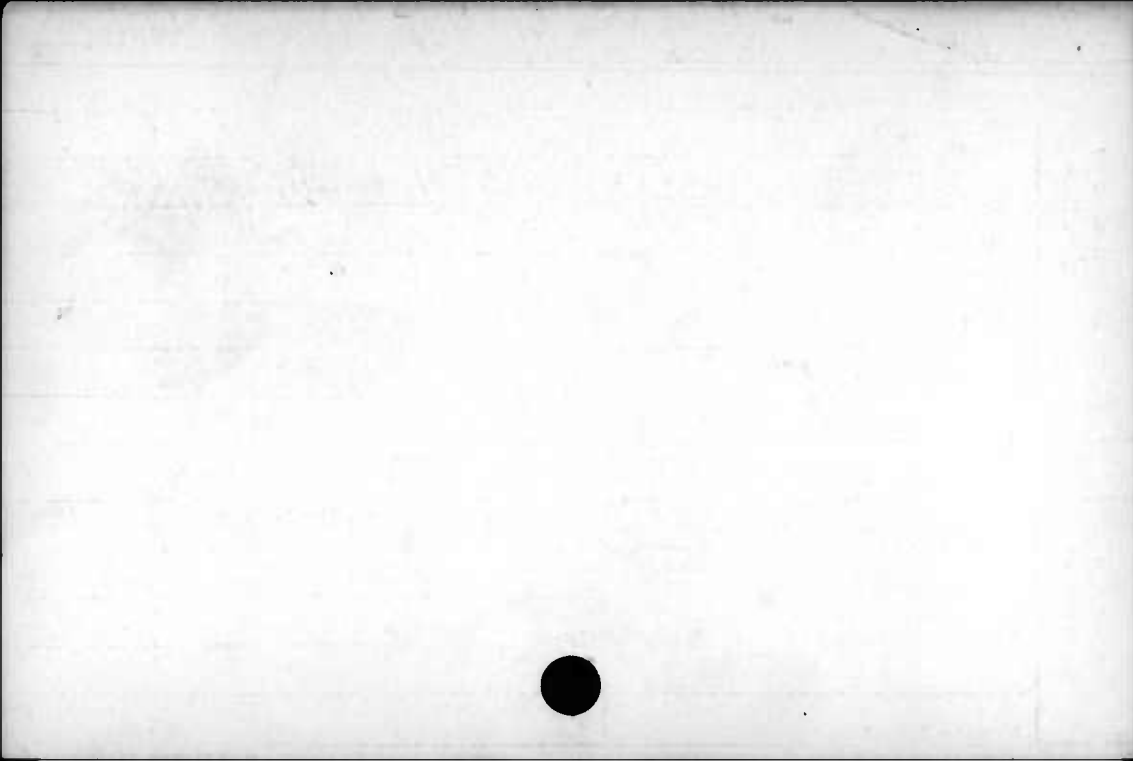
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sinacoming</i> ^{Town}		<i>Alleghany</i> ^{County}		MARYLAND	
Date of death 1903	<i>February</i> ^{Month}	<i>25</i> ^{Day}	Age <i>1</i> ^{Years}	Months <i>3</i>	Days <i>13</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Sinacoming</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>—</i>		
Name of Wife or Husband					
Father's Name <i>John W. Grimes</i>			Father's Birthplace <i>Newburg W. Va.</i>		
Mother's Maiden Name <i>Annie Barnard</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>John W. Grimes</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tubercular Meningitis</i>	How long <i>one month</i>
Immediate <i>Convulsions (Comulliv)</i> <i>(meninges)</i>	How long <i>7 days -</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>James C. Bullock</i>
	Address <i>Sinacoming Md.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

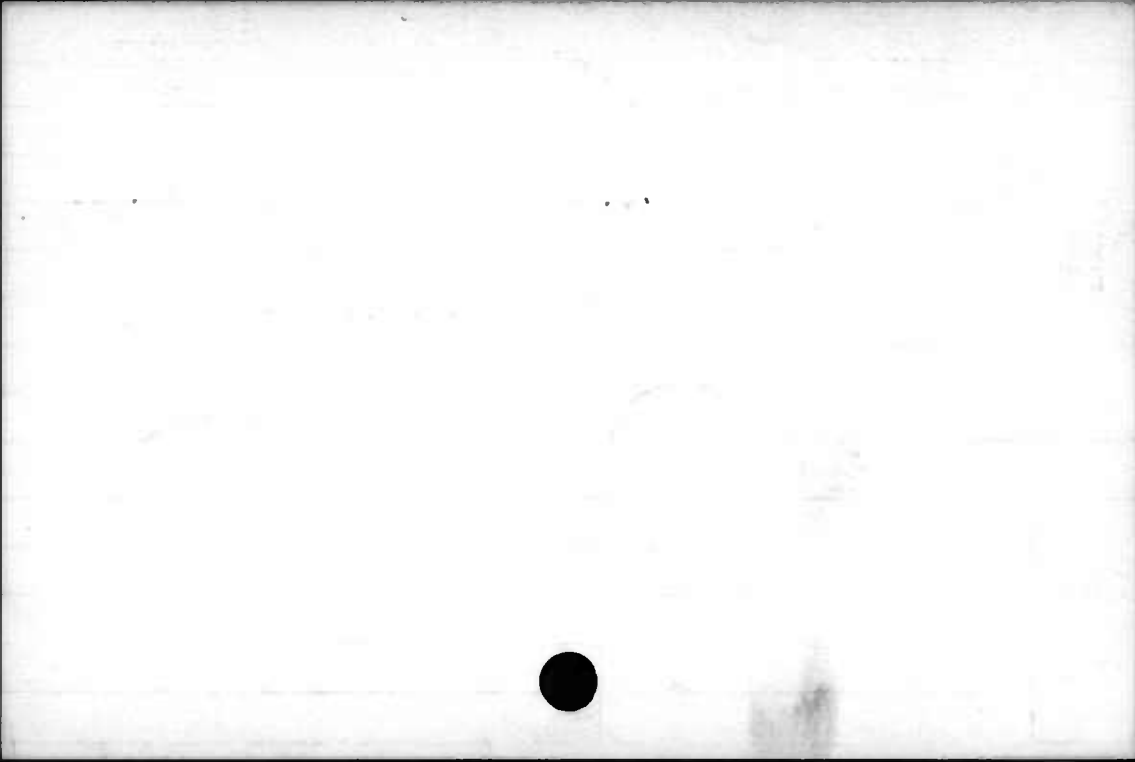
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Summerton</i>		Town <i>Summerton</i>		County <i>Acc</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>2</i>	Day <i>17</i>	Age <i>56</i>	Years <i>56</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>				
Married, Single or Widowed			Occupation <i>Black Smith</i>				
Name of Wife or Husband							
Father's Name <i>Anthony Hogan Sr</i>				Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Margaret</i>				Mother's Birthplace <i>"</i>			
Name of person giving information <i>Mrs A Hogan</i>				How related to deceased <i>Wife</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Sagrippe</i>	How long <i>10</i>	How long <i>11 days</i>
Immediate		
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. W. M. M. M.</i>	
	Address <i>Summerton, Md.</i>	
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

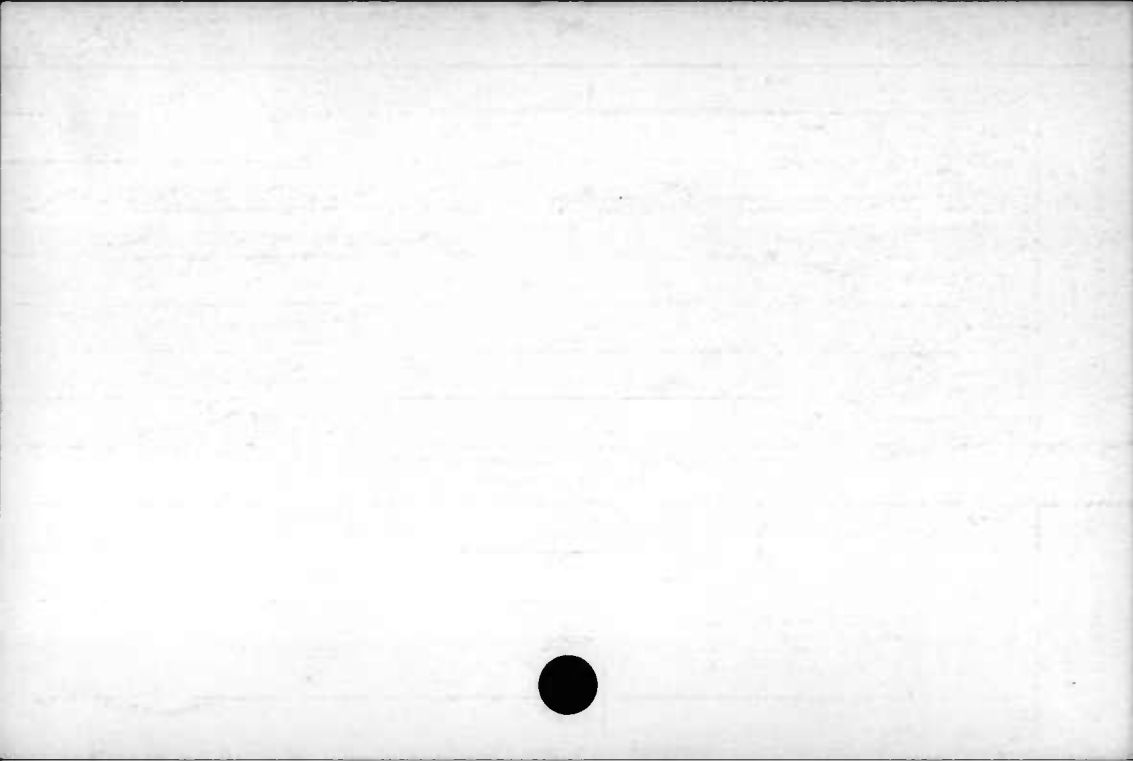
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sonoma County</i> ^{Town} <i>Allegany</i> ^{County}		MARYLAND			
Date of death 190 <i>3</i>	<i>Feb</i> ^{Month}	<i>12</i> ^{Day}	Age <i>26</i> ^{Years}	<i>5</i> ^{Months}	<i>3</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Sonoma County Ind.</i>			
Married, Single or Widowed <i>Married</i>	Occupation <i>Clark American Coal Co.</i>				
Name of Wife or Husband <i>Mary Thomas</i>					
Father's Name <i>James A. Howard</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Mary Nash</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Edward Howard</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Influenza</i>	How long <i>3 days</i>
Immediate <i>Cerebral Meningitis</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>M. G. Porter</i>
	Address <i>Sonoma County Ind.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frostburg</i> ^{Town}		<i>Allegany</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>2</i>	Day <i>22</i>	Age <i>64</i>	Years <i>64</i>	Months <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>U. S.</i>			
Married, Single or Widowed <i>Widowed</i>		Occupation <i>Contractor</i>			
Name of Wife or Husband <i>Susan</i>					
Father's Name <i>Thomas Johnson</i>			Father's Birthplace <i>U. S.</i>		
Mother's Maiden Name			Mother's Birthplace <i>U. S.</i>		
Name of person giving information <i>Samuel Johnson</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Purulent cystitis</i>	How long <i>2 months</i>
Immediate <i>Septic aemia</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thomas H. Blawie</i>
	Address <i>Frostburg, Md.</i>
Accident or Suicide?	

G. F. N.

Allegany Cemetery

Name
is
Full

Genevieve Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Frostburg</i>		County <i>Allegany</i>		MARYLAND	
Date of death 1903	Month <i>2</i>	Day <i>14</i>	Age Years <i>1</i>	Months <i>10</i>	Days		
Sex			Color or Race		Birth- place		
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name <i>William Jones</i>				Father's Birthplace <i>93 Md</i>			
Mother's Maiden Name <i>Susan Jones</i>				Mother's Birthplace <i>Md</i>			
Name of person giving in formatlon <i>John Webster</i>				How related to deceased <i>Grand Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>6 Days</i>
Immediate	<i>Meningitis</i>	How long	<i>2 Days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. O. Mc Lane M.D.</i>		
	Address <i>Frostburg Md</i>		
Accident or Suicide?			

C. F. N. Alley C

Name in Full!

Certificate of Death

Mauds Kaufman

Town

County

Cumberland

Allegheny

MARYLAND

Died at

Date 1903 - Feb - 27 Age 21 - Y. M. D. Native of Md Occupation Housewife

~~Male~~ White ~~Maid~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband
of

Father's

Name

R. T. Kaufman

Mother's

Name

Susan Beck

Cause of

Primary

Extensive burn of skin

How long sick

2 days

Death

Immediate

Auto-intoxication

Accident, ~~Suicide~~ ~~Heart Failure~~

Reported by

Address

H. H. Stauchman M.D.
Cumberland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Cumld.*

Town

James King

County

Alleghany

MARYLAND

Date

of death 1903

Month

Feb

Day

14

Age

Years

Months

5

Days

Sex

*male*Color or
Race*white*Birth-
place*Cumld.*Married, Single
or Widowed

Occupation

Name of Wife or
Husband*Stephen King*Father's
Name*Stephen King*Father's
Birthplace*Westonport.*Mother's
Maiden Name*Hattie Mc Canbely*Mother's
BirthplaceName of person giving
In formation*Stephen King*How related
to deceased*father.*

CAUSES OF DEATH

Primary

Hydrocephalus

How long

150

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

*Thos. W. Noon,
Cumld., Md*PHYSICIAN
OR CORONER

Accident or Suicide?

81 fifth St.

Name
in
Full

Mrs Christina Lindner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Baltimore</u> Town			<u>Alle</u> County			MARYLAND	
Date of death 190 <u>3</u>		Month <u>Feb</u>	Day <u>19</u>	Age <u>81</u>	Years	Months	Days
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place			
Married, Single or Widowed <u>Widowed</u>			Occupation <u>housewife</u>				
Name of Wife or Husband							
Father's Name					Father's Birthplace		
Mother's Maiden Name					Mother's Birthplace		
Name of person giving information <u>Gertrude Lindner</u>					How related to deceased <u>Son</u>		

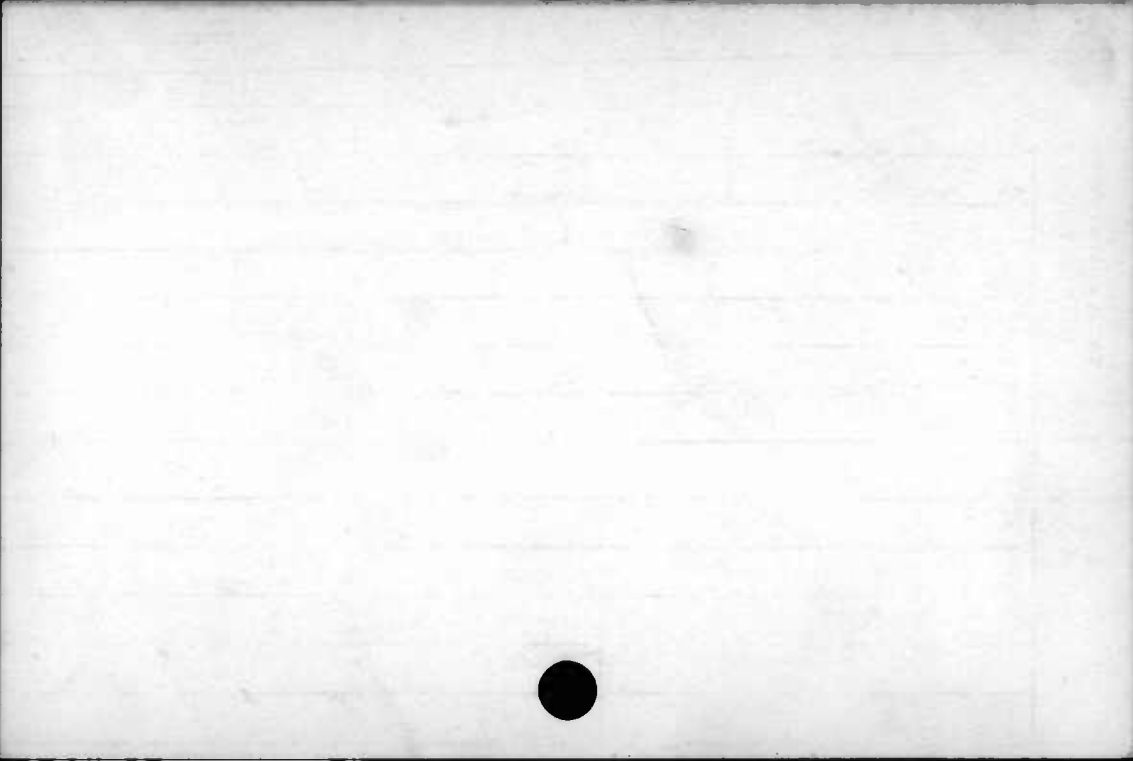
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Cerebral Hemorrhage</u>	How long <u>two days</u>
Immediate <u>Paralysis</u>	How long <u>two days</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>James W. Smith</u>
	Address <u>Baltimore Md</u>
Accident or Suicide?	



Name in Full		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Cumtular</i>		Town		<i>Allegheny</i>		County
	Date of death 190 <i>3</i>		Month <i>Feb.</i>	Day <i>21</i>	Age <i>62</i>	Years	Months
	Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place		
	Married, Single or Widowed				Occupation <i>Shoemaker</i>		
	Name of Wife or Husband						
	Father's Name				Father's Birthplace		
	Mother's Maiden Name				Mother's Birthplace		
	Name of person giving information				How related to deceased		
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary <i>Valvular insufficiency</i>				How long <i>4 weeks</i>		
	Immediate <i>Heart failure</i>				How long		
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <i>W. J. Conner</i>		
	<i>German Lutheran</i>				Address <i>Lebanon</i>		
Accident or Suicide?				<i>J. H. Thompson</i>			



Name
in
Full

CERTIFICATE OF DEATH

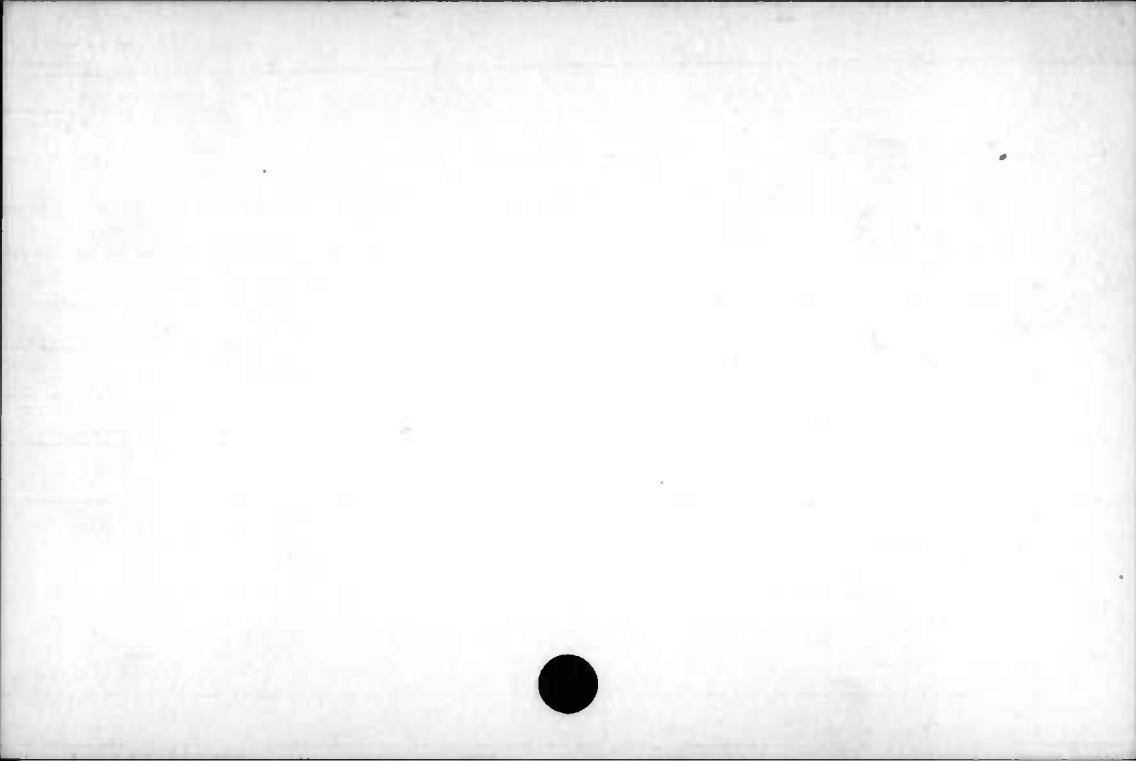
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Laurensburg</i> Town <i>Allegany</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Feb</i>	Day <i>24</i>	Age <i>80 (30)</i> Years Months <i>5</i> Days <i>6</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Laurensburg</i>	
Married, Single or Widowed <i>Married</i>	Occupation <i>Housewife</i>		
Name of Wife or Husband <i>Wm. Lyden</i>			
Father's Name <i>Hugh Speir</i>		Father's Birthplace <i>Scotland</i>	
Mother's Maiden Name <i>Eugene Speir</i>		Mother's Birthplace <i>Scotland</i>	
Name of person giving information <i>G. G. Speir</i>		How related to deceased <i>Brother</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>One year</i>
Immediate <i>Asthma</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. R. Killing</i>
	Address <i>Laurensburg</i>
Accident or Suicide? <i>No</i>	



Name
in
FullBessie M^c Gee

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

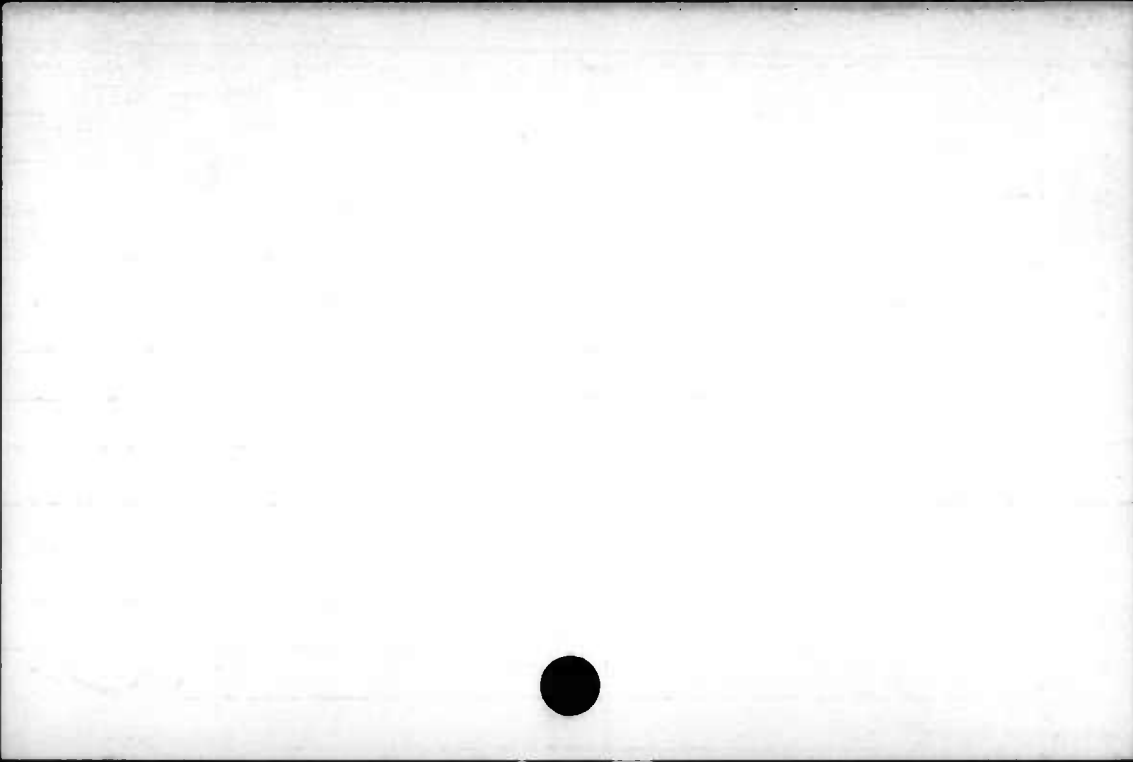
MARYLAND

Died at		Town		County		
Lonaconing		Allegany				
Date of death 1903	Month	Day	Age	Years	Months	Days
3	Feb-	11		-	10	12
Sex	Female		Color or Race	White		Birth-place
Married, Single or Widowed		Single		Occupation		
Name of Wife or Husband						
Father's Name				Father's Birthplace		
William M ^c Gee				Lonaconing Md.		
Mother's Maiden Name				Mother's Birthplace		
Mary Crosser				"		
Name of person giving information				How related to deceased		
Wm. M ^c Gee				Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Influenza	How long	10 6 days
Immediate	Catarrhal Pneumonia	How long	5 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	M. Gibson, Portin
		Address	Lonaconing Md.
Accident or Suicide?	No		



Name In Full

Certificate of Death

Mary McGrunder

Town

County

MARYLAND

Died at

Cumberland

Allegheny

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

4

10

Age

65

md

Housekeeper

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

1

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Consumption

How long sick

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

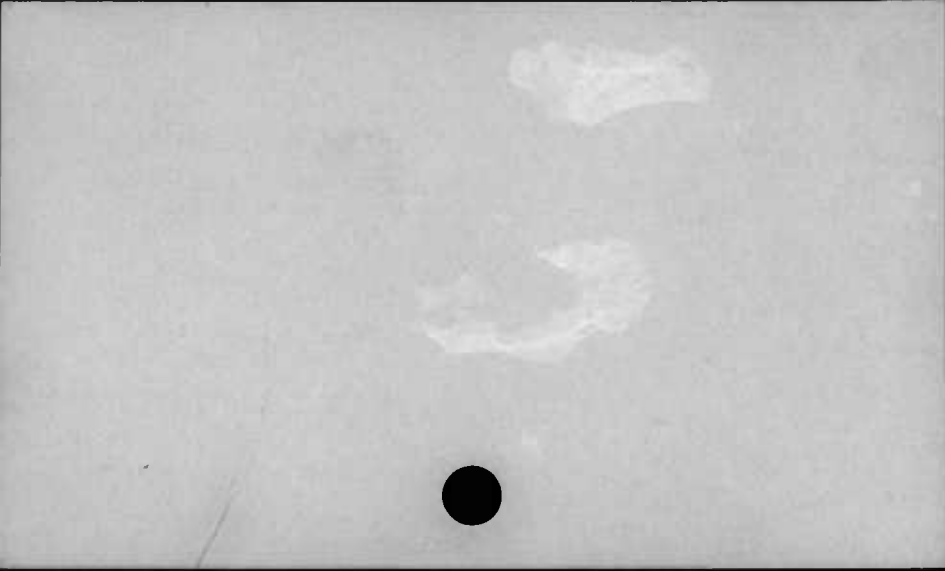
H. F. Tariff

Address

Cumberland, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 72898



Name
in
Full

CERTIFICATE OF DEATH

Ann McKenzie

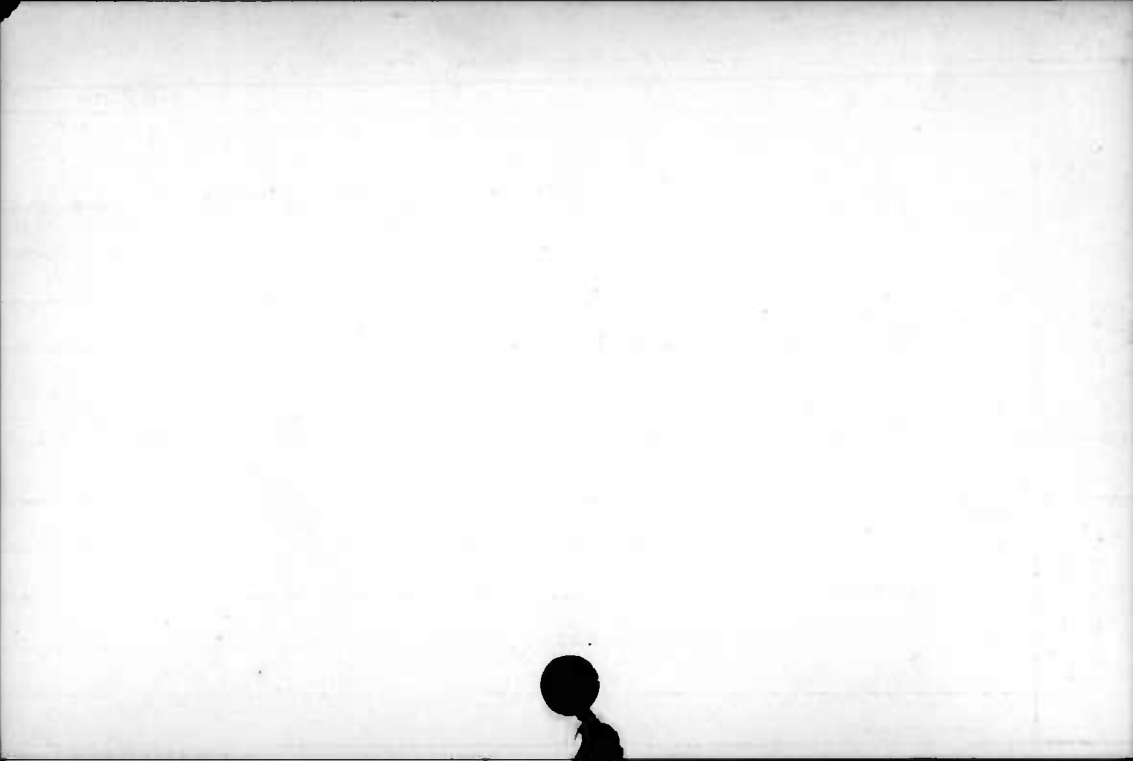
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Dan Mountain</i> ^{Town}		<i>Allegheny</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	<i>Feb</i> ^{Month}	<i>26</i> ^{Day}	Age <i>55</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Rollins Md.</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>Housewife</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>William McKenzie</i>			Father's Birthplace <i>Cresaptown Maryland</i>		
Mother's Maiden Name <i>Margaret McKenzie</i>			Mother's Birthplace <i>Allegheny Co. Md.</i>		
Name of person giving information <i>Henry J. G. Hacker</i>			How related to deceased <i>Bro. in law</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cancer of leg</i> ^(not seen by Dr. B. J. Smith on 1/1/04)	How long <i>3 years</i> ⁴⁵
Immediate	<i>fracture</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>James C. Paddock</i>
		Address <i>Frederick Md.</i>
Accident or Suicide?	<i>no</i>	



Name in full

CERTIFICATE OF DEATH

Beatrice Gertrude Malony

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Cumberland		^{County} Allegany		MARYLAND	
Date of death 190 3	Month Feb	Day 28	Age 0	Months 4	Days 12
Sex Female	Color or Race White	Occupation none		Birth-place Pittsburg, Pa	
Married, Single or Widowed Infants					
Name of Wife or Husband					
Father's Name Edward Edwards			Father's Birthplace unknown		
Mother's Maiden Name Beatrice Anne Burke			Mother's Birthplace Ky.		
Name of person giving information Mother			How related to deceased Mother		

CAUSES OF DEATH

AB

PHYSICIAN
OR CORONER

Primary	From history given by mother = Pneumonia	How long	1 week
Immediate	Convulsion	How long	12 hr
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	G. L. Broadnax M.D.
Place	St Patrick	Address	100 Va ave Cumberland Md
Accident or Suicide?		see other page	

Sec. 3D, Health:

I attended this child about 6 weeks previous to its death (1 or 2 visits) but have not seen or attended it since. I treated it at that time for an attack of Broncho-Pneumonia accompanied by convulsions.

The mother today stated to me that the child was suffering at time or previous to death the same as when I had seen it some weeks before and having some of the medicine left from that time continued to give it - and did not call in Physicians besides it went off rather suddenly in a convulsion. The mother says child had recovered from the attack in which I attended it.

3/2/03 Asphyx. Broodrup M.D.

Name
in
Full

Earl F. Metcalf

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Gilmore</i> Town		<i>Allegheny</i> County		MARYLAND	
Date of death 1903	Month <i>February</i>	Day <i>26</i>	Age <i>—</i> Years	Months <i>6</i>	Days <i>8</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Gilmore Md</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>Chile</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>Jesse Metcalf</i>			Father's Birthplace <i>West Va.</i>		
Mother's Maiden Name <i>Lizzie Polana</i>			Mother's Birthplace <i>West Va.</i>		
Name of person giving information <i>Jesse Metcalf</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Capillary Bronchitis</i>	How long <i>3 weeks</i>
Immediate <i>Cerebral Meningitis</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>James O. Bullock</i>
	Address <i>Smoking Maryland</i>
Accident or Suicide?	



Name in Full		Charles Middleton				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Cumberland</u> <small>Town</small>		<u>Allegany</u> <small>County</small>		MARYLAND		
		Date of death 190 <u>3</u>	Month <u>Feb</u>	Day <u>11</u>	Years <u>25</u>	Months <u>6</u>	Days <u>-</u>	
		Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Allegany Co Md</u>				
		Married, Single or Widowed <u>Married</u>	Occupation <u>RR - Brakeman</u>					
		Name of Wife <u>Pleasant Middleton</u>						
		Father's Name <u>Benjamin H. Middleton</u>			Father's Birthplace <u>Allegany Co Md</u>			
		Mother's Maiden Name <u>Nellie Trigg</u>			Mother's Birthplace <u>Allegany Co Md</u>			
Name of person giving information <u>B. H. Middleton</u>			How related to deceased <u>Father</u>					
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>								
PHYSICIAN OR CORONER		Primary <u>Dysentery</u>		How long <u>9 days</u>				
		Immediate <u>Septicemia</u>		How long <u>3 days</u>				
		Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>R. T. Dure</u>				
				Address <u>Cumberland Md</u>				
		Accident or Suicide? <u>No</u>						



Name in Full

Certificate of Death

Salvatori Minnord

Town

Cumberland

County

Allegheny

MARYLAND

Died at

Date 1903

Month

Feb

Day

25

Y.

M.

D.

Age about 30 yrs.

Native of

Italy

Occupation

Laborer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Not known

Mother's

Maiden Name

G B

Cause of

Primary

Exposure

How long sick

Two weeks

Death

Immediate

Pneumonia, & pleurisy

Accident, Suicide, Homicide

Reported by

Ry. Fechtig m.d.

Address

Cumberland

In attendance 2 days

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name
in
Full

Geo. Alvin Mackert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Cumberland^{County} Allegany

MARYLAND

Date
of death 1903

Month

2

Day

28

Age

Years

1

Months

3

Days

Sex

Male

Color or
Race

White

Birth-
place

Cumberland

Married, Single
or Widowed

Occupation

Chief

Name of Wife or
HusbandFather's
Name

Geo. Mackert

Father's
Birthplace

Cumberland

Mother's
Maiden Name

Margaret Kipp

Mother's
Birthplace

Penn.

Name of person giving
information

Father

How related
to deceased

Father

CAUSES OF DEATH

Primary

Eclampsia

How long

one day

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

yes.

Signature of
Physician

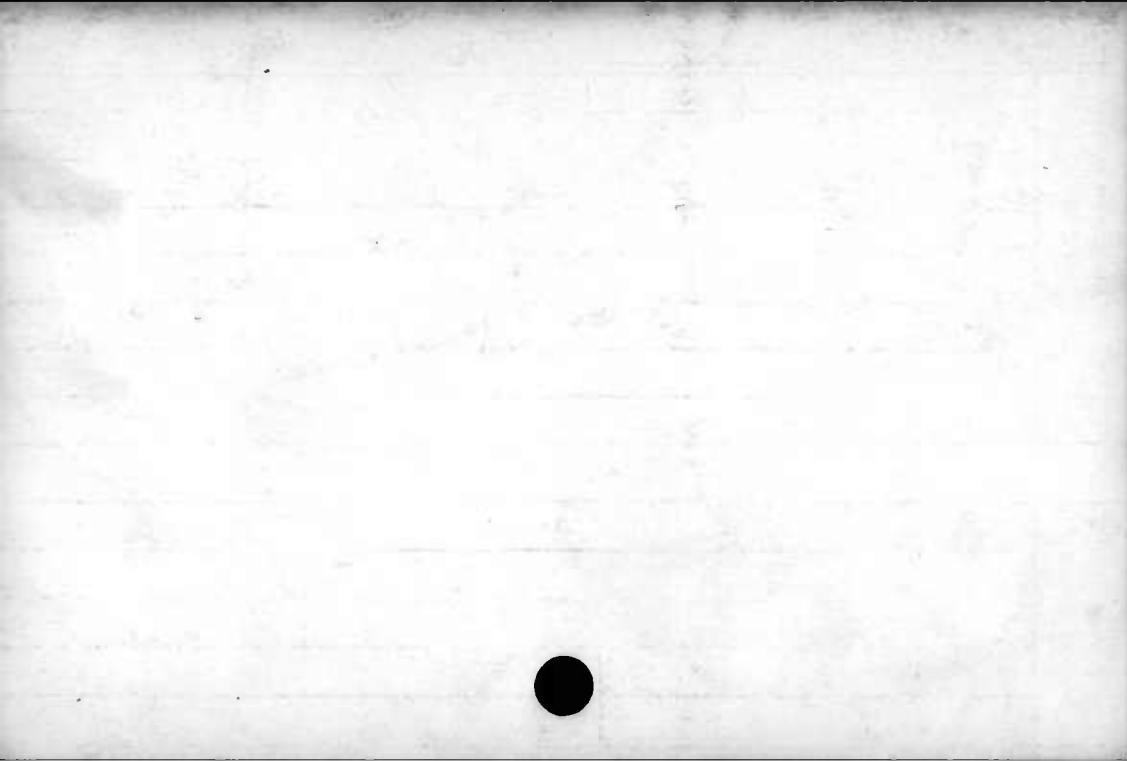
J. M. Ackerman

Address



Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Daniel Moran

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Borden Mines		County Allegany		MARYLAND	
Date of death 1903	Month 21	Day 12	Age	Years	Months 3	Days	
Sex Male	Color or Race White		Birth- place Md				
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name Daniel Moran				Father's Birthplace W. Va			
Mother's Maiden Name Lucy Strishberger				Mother's Birthplace W. Va			
Name of person giving In formation Father				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Opisthorchiasis	How long	2 wks
Immediate	85	How long	—
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	W. M. Lane M.D.
		Address	Exroburg Md
Accident or Suicide?			

6 H.P.
Hawkinsford 'nd

Name
in
Full

CERTIFICATE OF DEATH

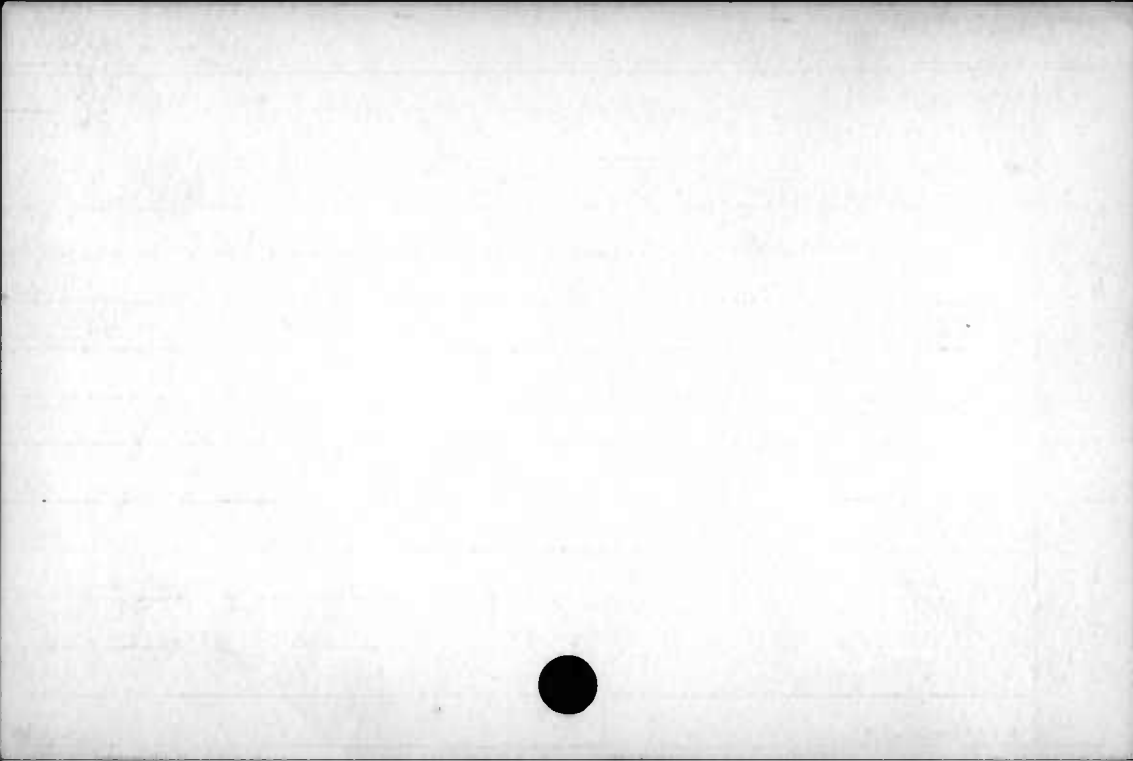
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John Thomas Holan</i>		Town <i>Lonaconing</i>		County <i>Alligany</i>		MARYLAND	
Date of death 190 <i>3</i>		Month <i>Feb</i>		Day <i>18</i>		Age <i>26</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Lonaconing</i>		Months <i>9</i>	
Married, Single or Widowed <i>Single</i>		Occupation <i>Miner-Driver</i>					
Name of Wife or Husband							
Father's Name <i>Daniel Holan Sr</i>		Father's Birthplace <i>W Va</i>					
Mother's Maiden Name <i>Katherine Paughton</i>		Mother's Birthplace <i>Ireland</i>					
Name of person giving information <i>Mr. Katherine Holan</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH *166*

PHYSICIAN
OR CORONER

Primary <i>Crushed by runaway car in</i>	How long <i>Instantly</i>
Immediate <i>Internal hemorrhage, Shock</i>	How long <i>Instantly</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W B Skilling</i>
	Address <i>Lonaconing</i>
Accident or Suicide? <i>Accident</i>	



Name in Full

Certificete of Death

Edward B O'Brian

Town

County

Died at Cumberland

Allington

MARYLAND

Date 19	Month	Day	Y.	M.	D.	Netive of	Occupetion
03	Feb	14	38	4	19	M B A	Rail Roadman
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widow			Number of children living	0

Husband of Ella O'Brian

Fether's Name David W O'Brian

Mother's

Maiden Name

Valinda Myers

Cause of	Primary	How long sick
Death <td>Immediate Typhoid fever</td> <td>54 days</td>	Immediate Typhoid fever	54 days
	Pyemia	Accident, Suicide, Homicide

Reported by J. J. O'Brian

Address Cumberland

Myers

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Harry Odgers

Died at ^{Town} <i>Frostburg</i>		^{County} <i>Alleghany</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>2</i>	Day <i>9</i>	Age ^{Years} <i>68</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>England</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>miner</i>			
Name of Wife or husband <i>Odgers</i>		<i>97</i>			
Father's Name		Father's Birthplace <i>England</i>			
Mother's Maiden Name		Mother's Birthplace <i>England</i>			
Name of person giving information <i>Son John Odgers</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary *Miners asthma*How long *8 years*Immediate *General Asthenia*How long *6 months*

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Thomas H. Mauley

Address

Frostburg, Md.

Accident or Suicide?

C. Michel

Allegheny County

Name
in
Full

Roscoe Parker

CERTIFICATE OF DEATH

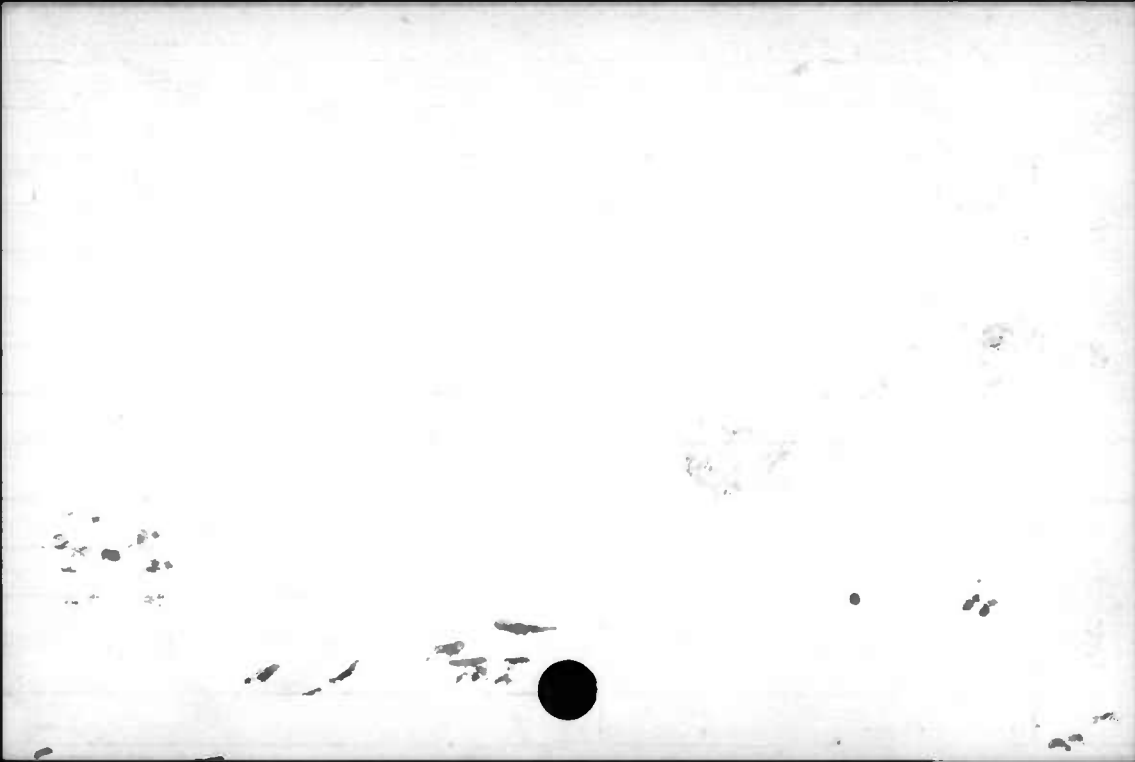
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bermda</u> Town		<u>Allegheny</u> County		MARYLAND	
Date of death 190 <u>3</u>	Month <u>2</u>	Day <u>4</u>	Age <u>4</u> Years	Months	Days
Sex <u>male</u>	Color or Race <u>colord</u>		Birth-place <u>Bermda</u>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <u>Thomas Parker</u>			Father's Birthplace <u>Bermda</u>		
Mother's Maiden Name <u>Maggie</u>			Mother's Birthplace <u>Bermda</u>		
Name of person giving information <u>Thomas Parker</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Dr J. H. Thompson, E. J. T.</u>
	Address <u>Thompson</u>
Accident or Suicide?	



Name in Full Wm Phelps		CERTIFICATE OF DEATH	
Died at Barton <small>Town</small>		Allegany <small>County</small>	
Date of death 1903 Feb <small>Month</small> 18 <small>Day</small>		Age 29 <small>Years</small> 7 <small>Months</small> 9 <small>Days</small>	
Sex Male		Color or Race White	
Married, Single or Widowed Married		Occupation Saloonkeeper	
Name of Wife or Husband Bertha Garrison			
Father's Name Wm Phelps		Father's Birthplace —	
Mother's Maiden Name Annie Thomas		Mother's Birthplace —	
Name of person giving information Bertha Phelps		How related to deceased Wife	
CAUSES OF DEATH			
Primary Probably Consumption		How long 3 years	
Immediate Heart failure		How long one week	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician J. C. Boucher	
		Address Barton, Ind	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND



Name <i>James Rice</i>		County <i>Allegheny</i>		MAYLAND	
Died at <i>Cumberland</i>		Town <i>Allegheny</i>		State	
Date of death 190	3	Month 2	Day 1	Age 67	Years Months Days
Sex <i>male</i>	Color or Race <i>White</i>		Birth- place		
Married, Single or Widowed <i>Widower</i>		Occupation <i>Shoe maker</i>			
Name of Wife or Husband <i>Dead</i>					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving In formation <i>W. Rice</i>				How related to deceased <i>Son</i>	

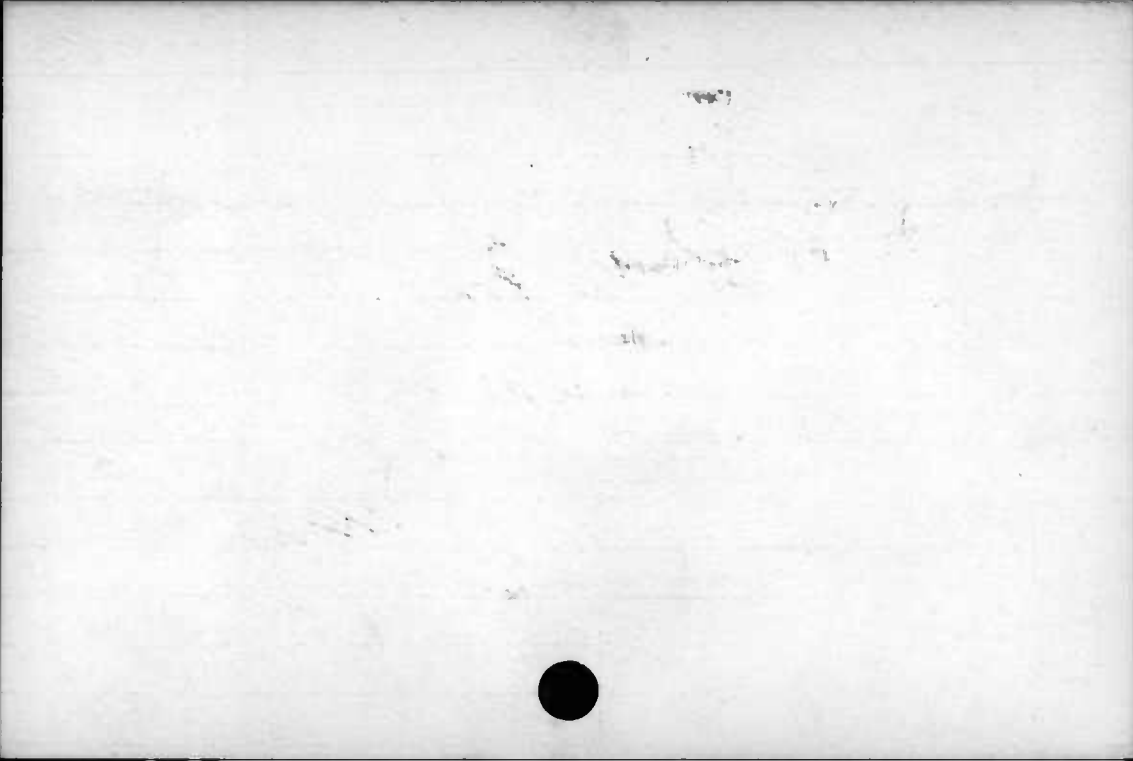
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>found Dead in Bed</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Wm. J. Bonner, Bonner</i>
<i>Summit.</i>	Address <i>882</i>
Accident or Suicide?	<i>Cumberland Md</i>



Name in Full		Minnie Rizer				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Frostburg		County Allegany		MARYLAND	
	Date of death 190	31	Month 2	Day 17	Age 11	Years —	Months —
	Sex	Female		Color or Race	White		Birth-place
	Married, Single or Widowed		Occupation				
	Name of Wife or Husband						
	Father's Name	Samuel Williams				Father's Birthplace	Md
	Mother's Maiden Name	Sarah C. Rizer				Mother's Birthplace	Md
Name of person giving information	Uncle				How related to deceased		
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary	Died Suddenly				How long	
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					Address		
Accident or Suicide?		<div style="text-align: center;">  </div>					
		<div style="text-align: center;">  </div>					



Name
in
Full

CERTIFICATE OF DEATH

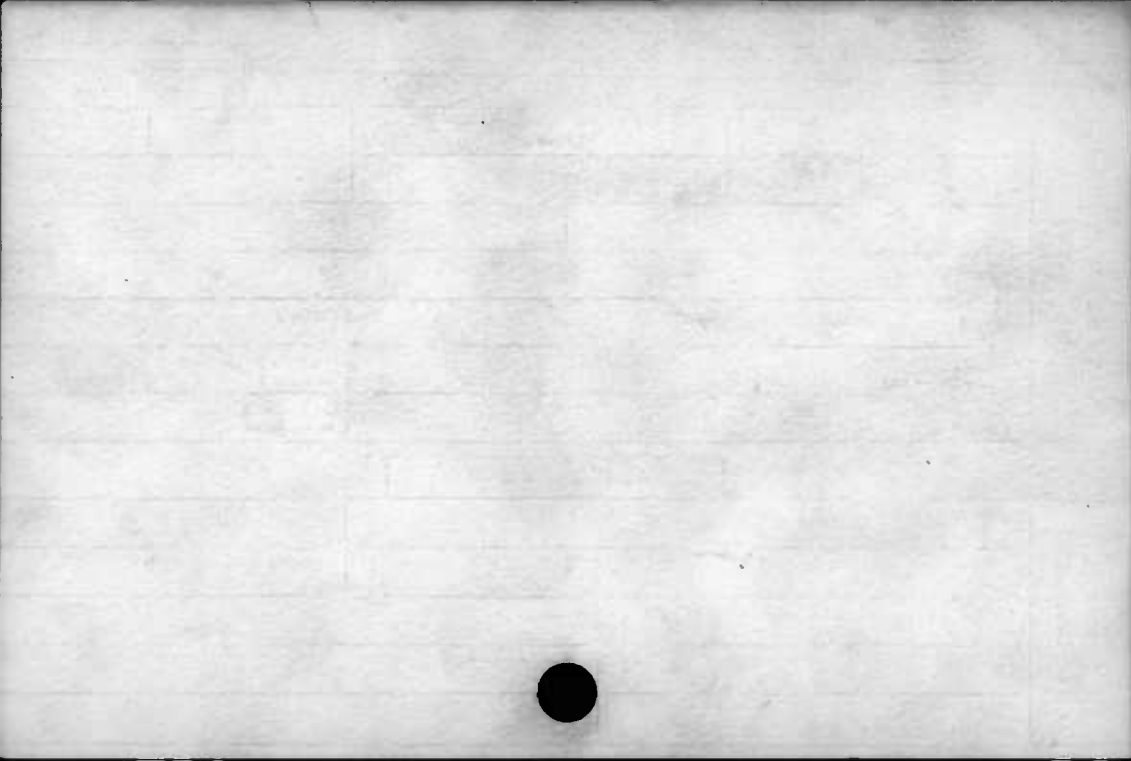
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month	Day	Age	Years	Months	Days
of death 190		3	Feb	28	2		
Sex		Color or Race		Birth-place			
Male		White		Thinstone			
Married, Single or Widowed				Occupation			
—				Laborer			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			
W. W. Wiley				Not at all			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Phthisis	How long	6 months
Immediate	General exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		W. W. Wiley	
		Address	
		Cumberland Md.	
Accident or Suicide?			



Name In Full

Certificate of Death

Chas Ross Robinson

Died at ^{Town} Cumberland ^{County} Allegany MARYLAND

Date 1903 ^{Month} 7 ^{Day} 12 Age 30 ^{Y.} ^{M.} ^{D.} ^{Native of} ^{Occupation}

Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of
Wife

Father's Name Mother's Name
 Maiden Name

Cause of Death { Primary Hanging
 Immediate Strangulation 15
 How long sick
 Accident, Suicide, Homicide

Reported by W. F. Figg.

Address Cumberland, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

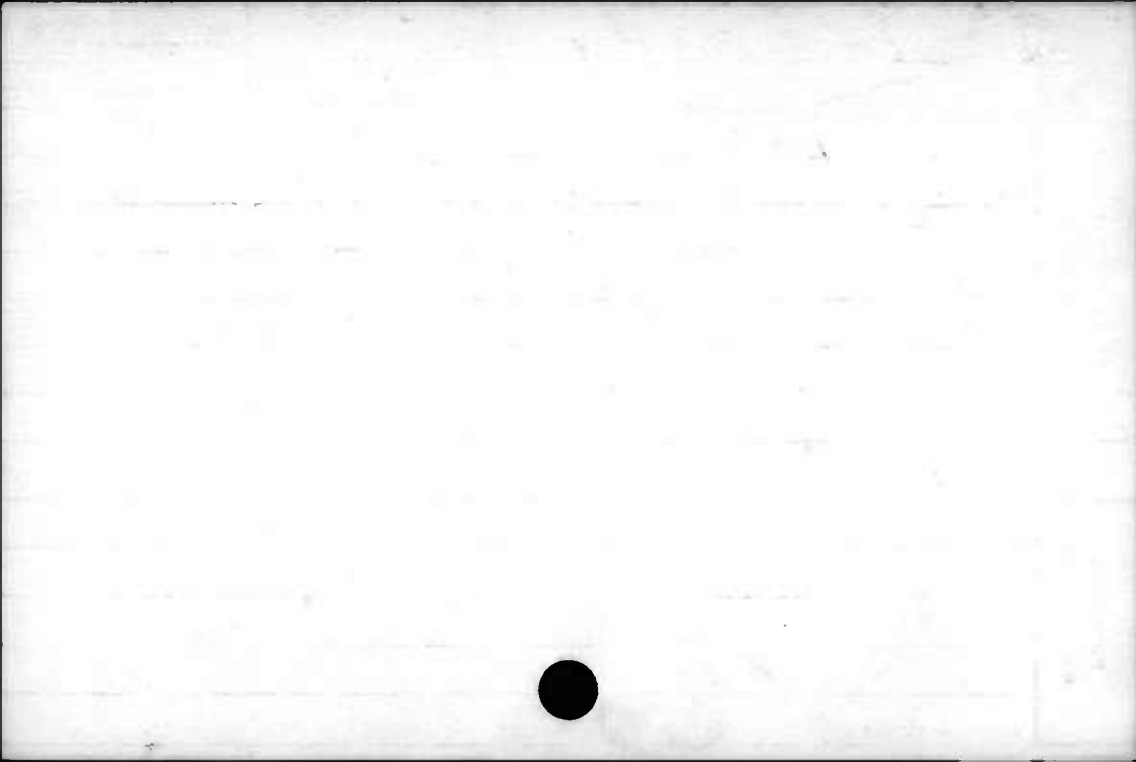
infant of Nettie Robinson

Died at <i>Cumld. Md.</i>		County <i>Alleghany</i>		MARYLAND	
Date of death 1903	Month <i>Feb.</i>	Day <i>2</i>	Years <i>4 wks.</i>	Months <i>1</i>	Days <i>—</i>
Sex <i>boy</i>	Color or Race <i>colored</i>		Birth-place <i>Cumld. St.</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>Nettie Robinson</i>					
Father's Name <i>—</i>			Father's Birthplace <i>Cumld.</i>		
Mother's Maiden Name <i>Nettie Robinson</i>			Mother's Birthplace <i>Cumld.</i>		
Name of person giving information <i>Mary Robinson</i>			How related to deceased <i>—</i>		

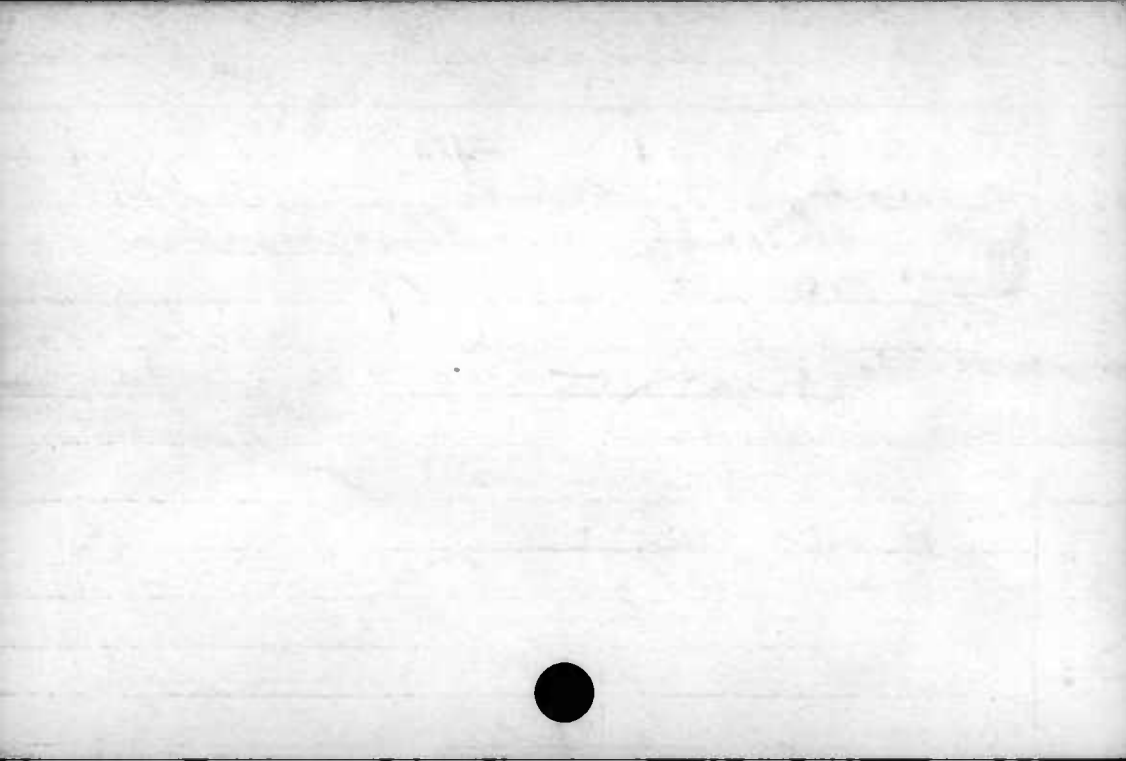
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Premature Birth</i>	How long <i>151</i>
Immediate <i>Infection</i>	How long <i>4 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. J. Duke</i>
	Address <i>Cumld. Md.</i>
Accident or Suicide? <i>—</i>	



Name in Full		Town				County				STATE					
Alvinton S. Rolshough		Baltimore				Allegany				MARYLAND					
Died at		Date of death 190		3	Month	Feb	Day	14	Age	27	Years	Months	7	Days	17
Sex		Male		Color or Race		White		Birth-place		Bell					
Married, Single or Widowed		Married		Occupation		Brickman									
Name of Wife of husband		Marie M. Wagner													
Father's Name		Ashby Rolshough								Father's Birthplace		W. Va.			
Mother's Maiden Name		Laura Pettit								Mother's Birthplace		W. Va.			
Name of person giving information		Wife								How related to deceased					
CAUSES OF DEATH															
Primary		Tuberculosis lungs								How long		1 year			
Immediate		Draintion								How long		1 week			
Are the name, age, sex, color, date and place correctly given above?		yes								Signature of Physician		A. S. Stanbury			
										Address		Baltimore Md.			
Accident or Suicide?															



Name
in
Full

CERTIFICATE OF DEATH

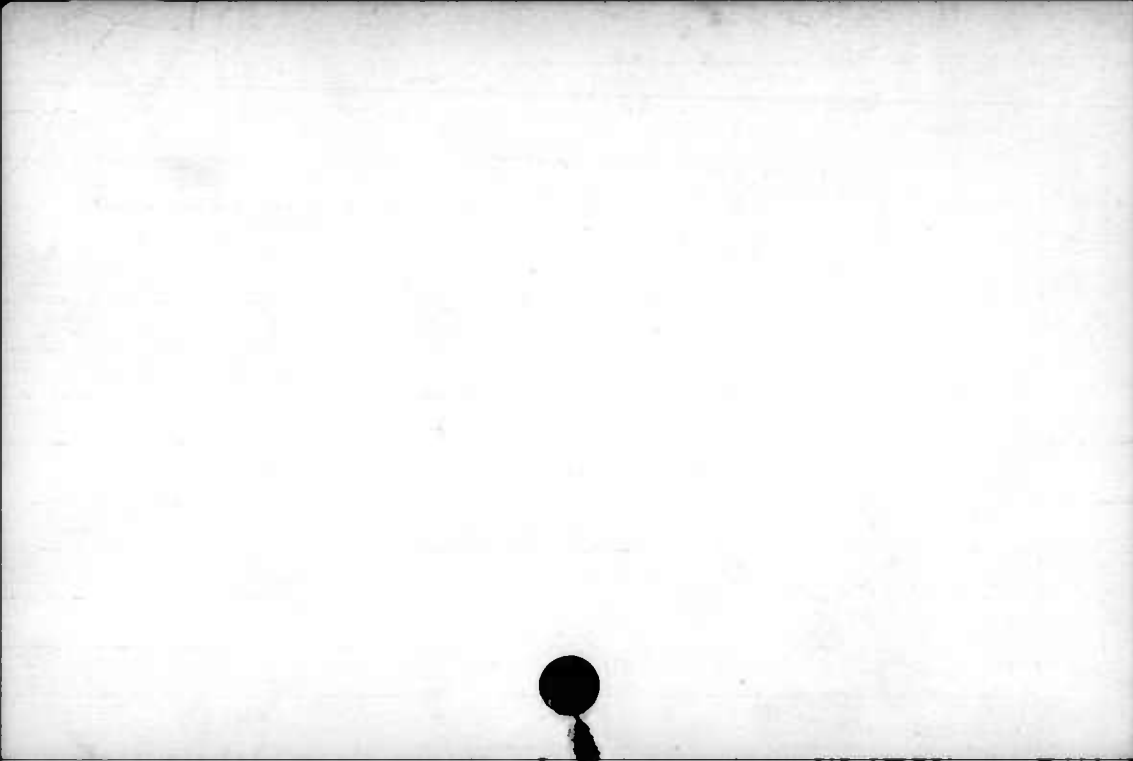
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Barton</i>		County <i>Allegany</i>		MARYLAND	
Date of death 1903	Month <i>February</i>	Day <i>19</i>	Age <i>48</i>	Years	Months <i>9</i>	Days <i>21</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Franklin</i>				
Married, Single or Widowed <i>Married</i>			Occupation				
Name of Wife or Husband <i>Ella H Sigler</i>							
Father's Name <i>Geo Sigler</i>				Father's Birthplace			
Mother's Maiden Name <i>Elizabeth Koontz</i>				Mother's Birthplace <i>Tonawonga</i>			
Name of person giving Information <i>James Andrews</i>				How related to deceased <i>Husband</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Metre insufficiency of heart</i>	How long <i>About one year</i>
Immediate <i>Pulmonary edema</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. B. Skilling</i>
	Address <i>Tonawonga</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Date

of death 1903

Month

Feb

Day

6

Age

Years

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Allegheny Co.

Married, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
Name

Henry Slides

Father's
Birthplace

Greenridge

Mother's
Maiden Name

Maud Swigg

Mother's
Birthplace

Bedford Co. Pa.

Name of person giving
In formation

Mrs. Swigg

How related
to deceased

Her Mother

CAUSES OF DEATH

Primary

Prolonged labor of mother

How long

Immediate

Asphyxia

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

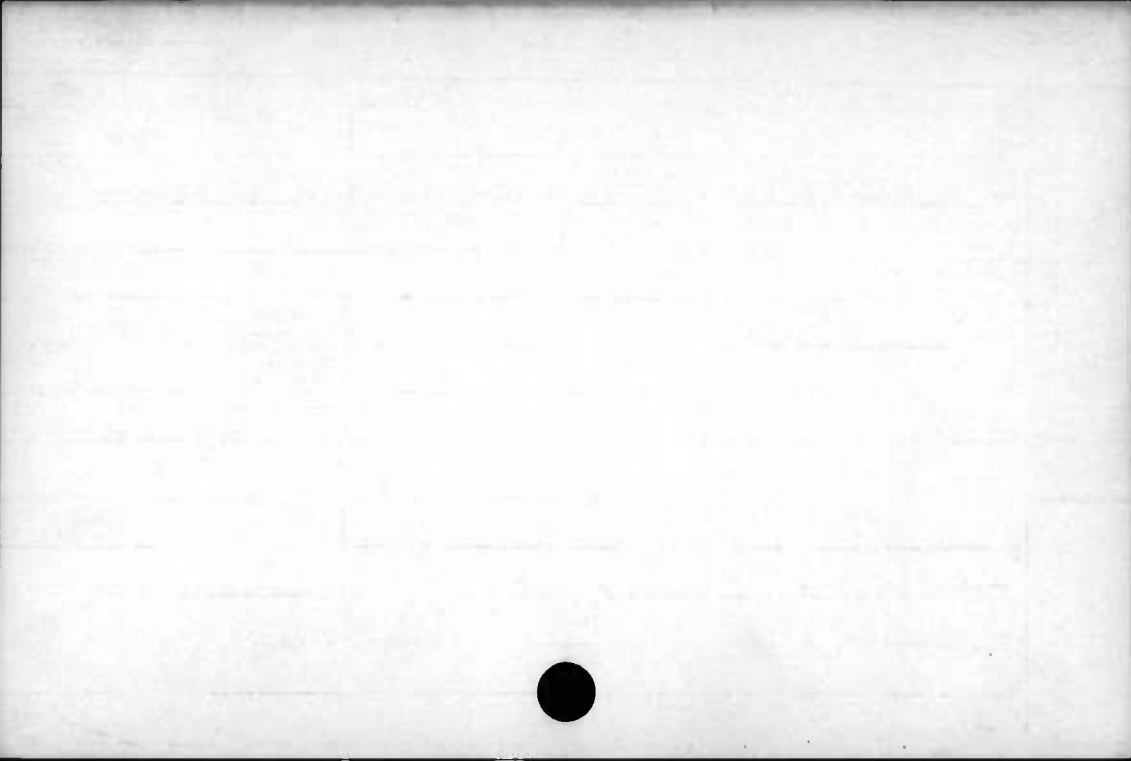
C. H. Weiner

Address

Cumberland, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name In Full

Certificate of Death

Catherine Smith
 Died at *Cumberland* *Accomack* *MARYLAND*

Date 19 *08* Month *Feb* Day *15* Age *74* Y. M. D. Native of *Germany* Occupation *Widow*
☒ Male ☐ Female ☐ White ☐ Colored ☐ Married ☐ Single ☐ Widower ☒ Divorced
 Number of children living *2*

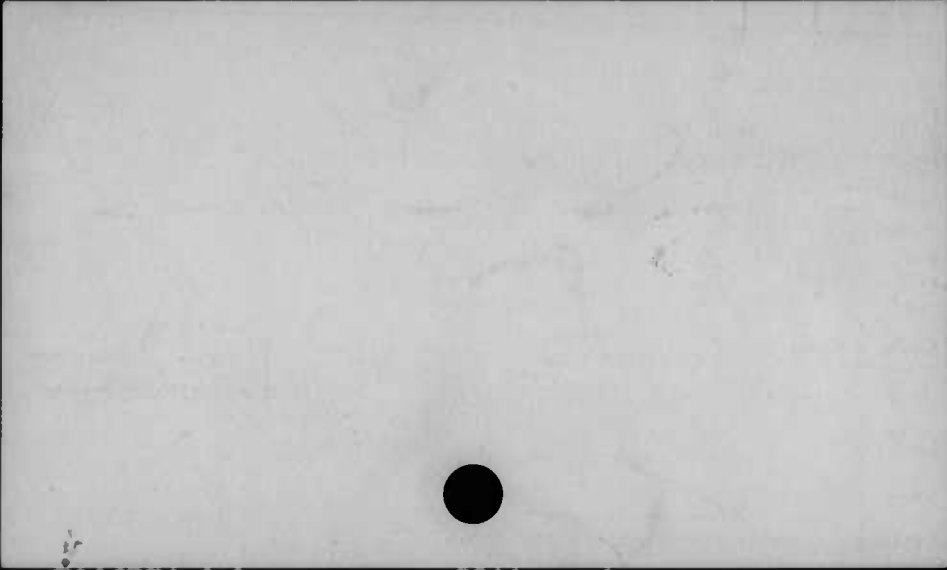
Husband of *Samuel Smith Sr*
 Wife of *William Smith*
 Father's Name *William Smith* Mother's Maiden Name *William Smith*

Cause of Death { Primary *Cancer* *45* How long sick *one year*
 { Immediate *Exhaustion* Accident, Suicide, Homicide

Reported by *J. J. Smith*

Address *Cumberland Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Fred Snyder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Cumberland</i>		County <i>Allegany</i>		MAYLAND	
Date of death 190	3	Month 2	Day 21	Age 60	Years	Months	Days
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth- place	
Married, Single or Widowed			<i>Single</i>		Occupation <i>Boat builder</i>		
Name of Wife or Husband							
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving In formation						<i>Lat</i> How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Fracture of base of skull</i>		How long	<i>8 hours</i>
Immediate	<i>Coma</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician <i>J. M. Fear</i>	
			Address <i>Cumberland, Md.</i>	
Accident		<i>no</i>		



Name
in
Full

Mrs. Annie Spears

CERTIFICATE OF DEATH

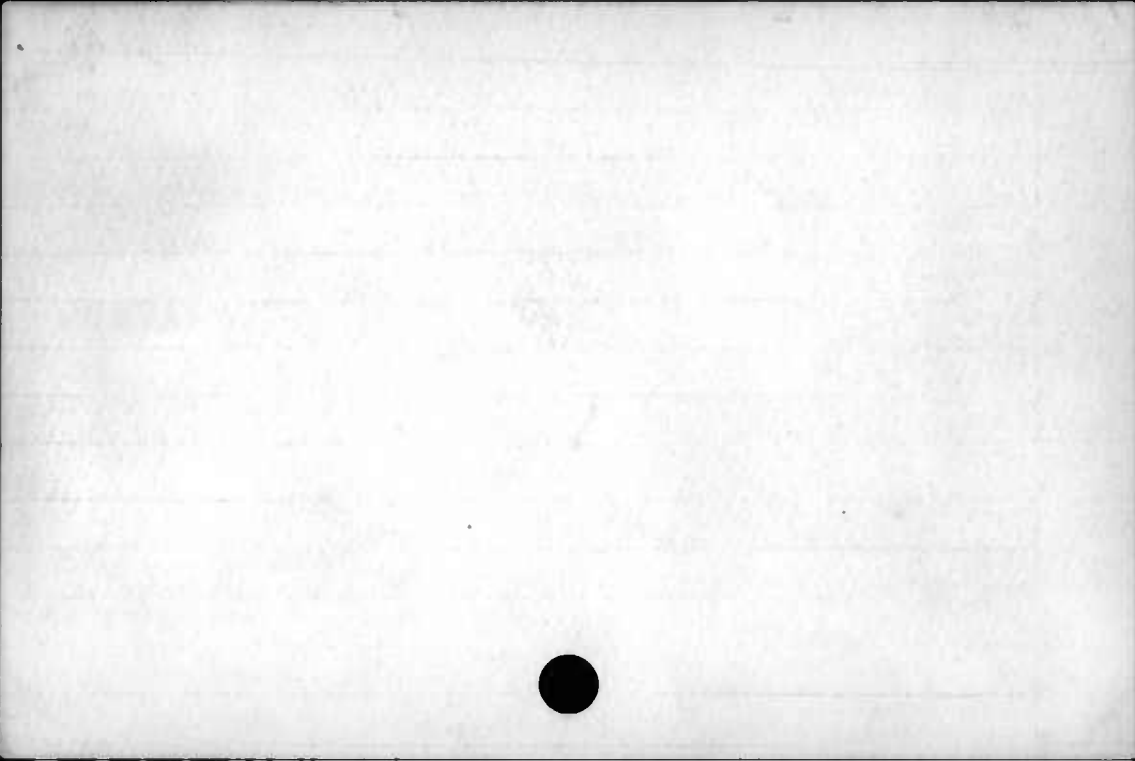
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Lonaconing</i>		County <i>Allegany</i>		MARYLAND	
Date of death 190	3	Month <i>Feb</i>	Day <i>22</i>	Age <i>86</i>	Years <i>3</i>	Months <i>3</i>	Days <i>28-</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Scotland</i>				
Married, Single or Widowed <i>Widowed</i>		Occupation <i>None</i>					
Name of Wife Husband <i>George Spears (deceased)</i>		Father's Name <i>H. H. H.</i>		Father's Birthplace <i>Scotland</i>			
Mother's Maiden Name <i>Ann Green</i>		Mother's Birthplace <i>Scotland</i>					
Name of person giving Information <i>Richard Spears</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>One week</i>
Immediate <i>Cardiac failure</i>	How long <i>24 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. Q. Skilling</i>
	Address <i>Lonaconing</i>
Accident or Suicide? <i>—</i>	



Name in Full

Jahanna Brindles

Town

County

Died at

Cumulusburg Allegany

MARYLAND

Date 1900

Month

Day

Y.

M.

D.

Native of

Occupation

2 20

Age

78 (78)

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

4

Husband of

Wife

Father's

Name

Mother's

Maidan Name

Cause of

Primary

Paralysis

Death

Immediate

Apoplexy

How long sick

3 days

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Infant of Edward Tanager

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Baltimore

Town

County

MARYLAND

Date

of death 1903

Month

2

Day

1

Age

1 Year

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Baltimore

Married, Single
or Widowed

Occupation

Name of Wife or
Husband

Edward Tanager

Father's
Name

Edward Tanager

Father's
BirthplaceMother's
Maiden Name

Pauline August

Mother's
BirthplaceName of person giving
In formation

Edward Tanager

How related
to deceased

Father

CAUSES OF DEATH

Primary

Failure of Valves in Heart to Close

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

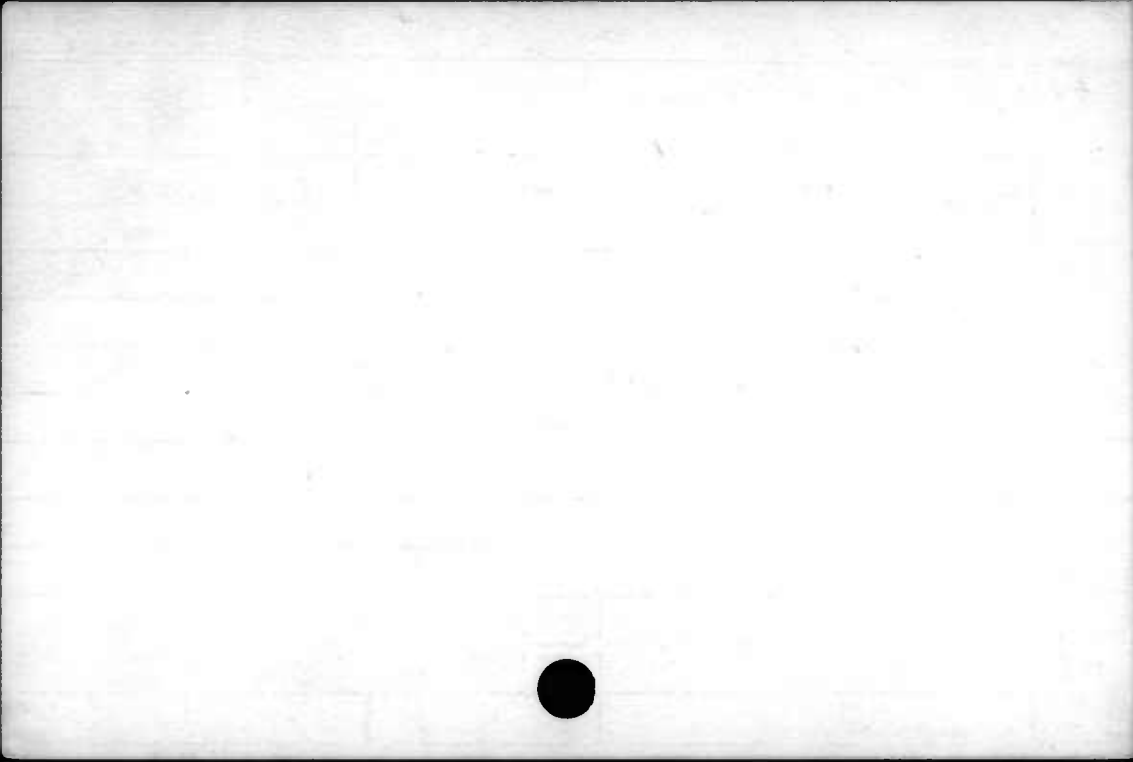
Thos. M. Tanager, M.D.

Address

Baltimore, Md.

PHYSICIAN
OR CORONER

Accident or Suicide?



Unknown Italian

Town

County

Died at

Cumberland

Allegheny

MARYLAND

Date 1903

Month

Day

Feb

25

Age

40

Y.

M.

D.

Native of

Italy

Occupation

Laborer

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Typhoid Fever

Death

Immediate

Heart Failure

How long sick

3 days

Accident, Suicide, Homicide

Reported by

B. C. Miller

Address

Cumberland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Hester Webster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Frostburg		County Allegany		MARYLAND	
Date of death 1903	Month 2	Day 24	Age	Years 17	Months	Days	
Sex F.	Color or Race B.		Birth- place Va				
Married, Single or Widowed			Occupation N. N.				
Name of Wife or Husband							
Father's Name John Webster				Father's Birthplace Va			
Mother's Maiden Name Eliz Webster				Mother's Birthplace Va			
Name of person giving In formation J. Webster				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Consumption	How long	6 months
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician W. O. M. Lane M. D.	
		Address Frostburg Md	
Accident or Suicide?			

L. H. H.

alleg.

Name
in
Full

Teri Westbrant

CERTIFICATE OF DEATH

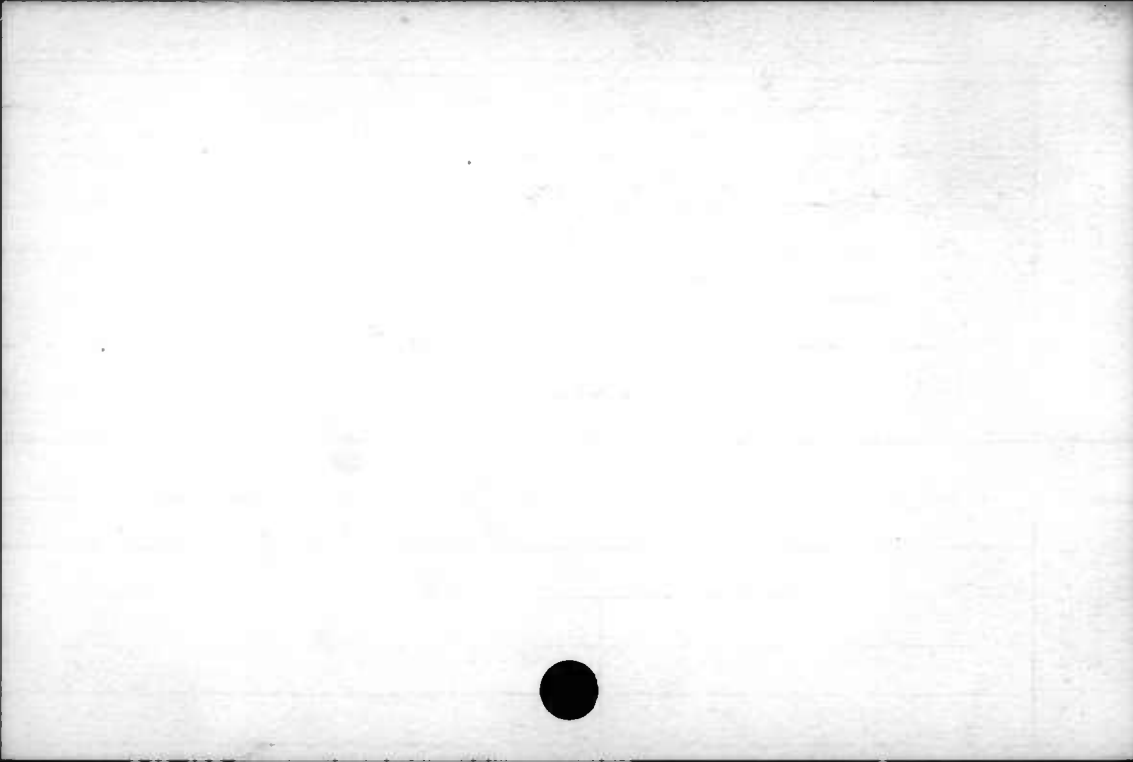
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Summerville</i> ^{Town}		<i>Allegheny</i> ^{County}		MARYLAND	
Date of death 190 <i>8</i>	Month <i>Jul.</i>	Day <i>20</i>	Age <i>33</i> ^{Years}	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Washington, D.C.</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>Salvage Worker</i>			
Name of Wife or Husband <i>Varancia Westbrant</i>					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Deterioration</i>	How long <i>2 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. H. Fournier</i>
	Address <i>Summerville</i>
Accident or Suicide?	<i>no</i>



Name
in
Full

CERTIFICATE OF DEATH

Henry Williams

Town

County

MARYLAND

Died at

Cumberland

Date

Month

Day

Years

Months

Days

of death 1903

2

2

Age

63

Sex

Male

Color or
Race

Colored

Birth-
placeMarried, Single
or Widowed

Married

Occupation

Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
Information

Mrs Henry Williams

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Valvular incompetency

How long

about 2 months

Immediate

Dropsy

How long

" " "

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

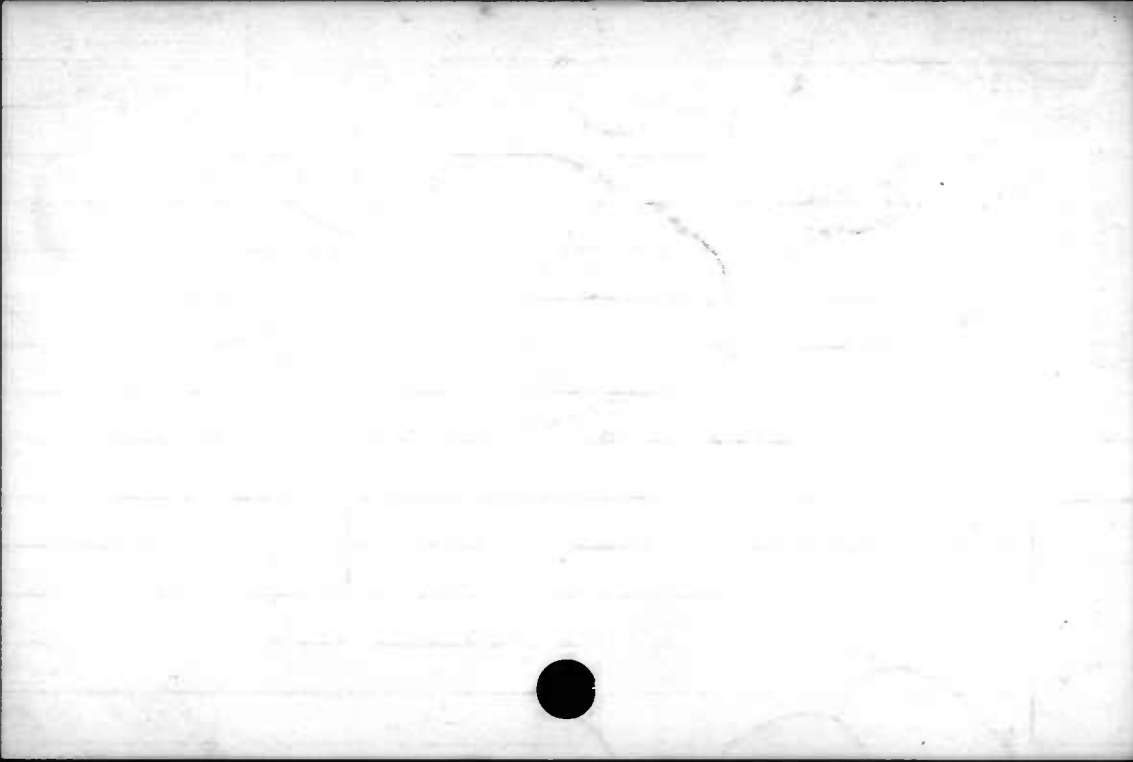
Address

J. N. Thompson
63 N. Mechanic St.

Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i>		Town <i>Alb</i>		County		MARYLAND	
Date of death 190	3	Month	2	Day	8	Age	29
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>		Months <i>7</i>	
Married, Single or Widowed <i>Married</i>		Occupation <i>Black</i>		Years		Days	
Name of Wife or Husband <i>Florine Muse</i>		Father's Name <i>R. G. Zimmerman</i>		Father's Birthplace <i>Ind</i>		Mother's Birthplace <i>Ind</i>	
Mother's Maiden Name <i>J. Zimmerman</i>		Name of person giving information <i>G. K. Zimmerman</i>		How related to deceased <i>Brother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Consumption or</i>	How long	<i>1 year</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. M. Spear</i>	
		Address <i>Health Officer</i>	
Accident or Suicide?			

